

2023

**Joana Isabel Pousada  
da Rocha Almeida**    **Enhancing Refugees' Access to Mental Health  
Support Services through "MENTIS: The Refugees'  
Hub" – A Service Design Proposal**



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Dissertação apresentada ao IADE - Faculdade de Design,  
Tecnologia e Comunicação da Universidade Europeia, para  
cumprimento dos requisitos necessários à obtenção do grau de  
Mestre em Design Management realizada sob a orientação  
científica da Doutora Maria Emília Capucho Duarte, Professora  
Catedrática da Universidade Europeia.

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**palavras-chave**

Design de Serviços, Saúde mental, SPT, Acessibilidade, Serviço Nacional de Saúde, Design Centrado no Humano, Refugiados

**resumo**

A Organização Mundial de Saúde destaca a importância da saúde mental, definida como um estado de bem-estar que capacita indivíduos a enfrentar o stress. A necessidade de ação no que concerne esta área é indiscutível e urgente. No entanto, este domínio continua a estar sujeito a várias barreiras pessoais e sociais, especialmente entre populações vulneráveis, como os refugiados de guerra. Portugal, enquanto país acolhedor, enfrenta desafios sistémicos e organizacionais no diagnóstico e tratamento de problemas mentais, como o Stress Pós-Traumático (SPT), em refugiados. Esta investigação explora a utilização do Design de Serviços, seguindo uma abordagem de Design Centrado no Humano, para melhorar a acessibilidade ao apoio à saúde mental dos refugiados. O estudo avalia as necessidades existentes nas comunidades de refugiados ucranianos no que concerne o acesso aos apoios à saúde mental existentes. Mais detalhadamente, o estudo avalia quais as barreiras mais prementes e qual o peso que as mesmas têm dentro da problemática que é a acessibilidade. Com o conhecimento adquirido durante o processo, criou-se uma proposta de serviço adequada às necessidades desta comunidade. Por fim, o estudo avalia até que ponto o serviço criado vai de encontro aos interesses e necessidades dos seus utilizadores. A investigação é orientada por uma abordagem metodológica mista, que inclui métodos qualitativos e quantitativos. Os métodos incluíram uma revisão da literatura, entrevistas com *stakeholders*, *desk research*, metodologias de

Design de Serviços que envolveram a criação de um serviço e a avaliação dessa proposta. Os resultados enfatizam a importância das abordagens colaborativas na melhoria do acesso ao apoio à saúde mental dos refugiados. Esta investigação fornece informações valiosas para investigação futura.



**Keywords**

Service Design, Mental Health, PTSD, Accessibility, National Health Service, Human Centered Design, Refugees

**abstract**

The World Health Organisation highlights the importance of mental health, defined as a state of well-being that enables individuals to cope with stress. The need for action in this area is indisputable and urgent. However, this area is still subject to various personal and social barriers, especially among vulnerable populations such as war refugees. Portugal, as a host country, faces systemic and organizational challenges in the diagnosis and treatment of mental health problems, such as Post-Traumatic Stress Disorder (PTSD), in refugees. This research explores the use of Service Design, following a Human Centred Design approach, to improve accessibility to mental health support for refugees. The study assesses the existing needs of Ukrainian refugee communities in terms of access to existing mental health support. In more detail, the study evaluates the most pressing barriers and the weight they have within the problem of accessibility. With the knowledge acquired during the process, a service proposal was created that is suited to the needs of this community. Finally, the study evaluates the extent to which the service created meets the interests and needs of its users. The research is guided by a mixed methodological approach, which includes both qualitative and quantitative methods. The methods included a literature review, stakeholder interviews, desk research, and Service Design methodologies that involved creating a service and evaluating that proposal. The results emphasize the importance of collaborative approaches in improving access to

mental health support for refugees. This research provides valuable information for future research.





## TABLE OF CONTENTS

<b>1. INTRODUCTION</b> .....	<b>9</b>
1.1. MENTAL HEALTH SUPPORT FOR REFUGEES .....	9
1.1.1. PTSD and other common mental health problems for refugees .....	10
1.1.2. The importance of psychosocial interventions for refugees.....	11
1.2. SERVICE DESIGN .....	12
1.2.1. Service Design and Public Services: A short state of the art.....	15
1.3. DESIGN FOR HEALTH.....	16
1.4. HUMAN-CENTERED DESIGN.....	17
1.5. PROBLEM STATEMENT .....	19
1.6. RESEARCH QUESTION.....	21
1.7. HYPOTHESIS.....	21
1.8. OBJECTIVES.....	22
1.9. SIGNIFICANCE AND CONTRIBUTION.....	23
1.10. THESIS' STRUCTURE.....	25
<b>2. LITERATURE REVIEW</b> .....	<b>27</b>
2.1. SEARCH STRATEGY .....	28
2.2. FINDINGS AND RESULTS.....	29
2.2.1. Phase 1: Service Design and Refugees .....	29
2.2.2. Phase 2: Mental Health Access within Healthcare Access for Refugee Communities.....	30
2.1. SUMMARY AND INTEGRATION .....	34
<b>3. THEORETICAL FRAMEWORK</b> .....	<b>36</b>
3.1. RESEARCH FOR DESIGN.....	36
3.2. FOUR ORDERS OF DESIGN .....	37
3.3. THE FOUR PHASES OF SERVICE DESIGN .....	38
<b>4. METHODOLOGY</b> .....	<b>41</b>
4.1. DATA COLLECTION METHODS .....	42
4.2. DATA ANALYSIS TECHNIQUES .....	44

<b>5. SERVICE DESIGN PROCESS .....</b>	<b>47</b>
5.1. EMPATHIZE: UNDERSTANDING REFUGEES’ AND HEALTHCARE PROFESSIONALS’ PERSPECTIVES .....	47
5.1.1. Primary phase: Informal Interviews, Questionnaire Design, and Distribution (focusing on gaps in the National Health Service) .....	48
5.1.2. Secondary phase: In-depth Interviews (related to mental health support challenges and gaps) .....	49
5.1.2.1. Primary users (refugees) recruitment procedures .....	49
5.1.2.2. Secondary users (psychologists and medical doctors) recruitment procedures .....	50
5.2. DEFINE: IDENTIFYING MENTAL HEALTH SUPPORT NEEDS .....	50
5.2.1. Insights from the informal interviews and primary questionnaire .....	51
5.2.2. Insights from the in-depth semi-structured interviews .....	52
5.2.1. Personas .....	55
5.2.2. Stakeholders map .....	61
5.3. IDEATE: GENERATING SERVICE PROPOSALS .....	62
5.3.1. “How can we solve this problem?” .....	62
5.3.2. Benchmarking .....	66
5.3.1. Naming the service: MENTIS – The Refugees’ Hub .....	67
5.3.2. Ideation conclusion .....	69
5.4. IMPLEMENTATION: DEVELOPING A REFUGEE MENTAL HEALTH ACCESS SERVICE .....	69
5.4.1. Conceptualizing the service: Business model canvas .....	70
5.4.2. Mapping the user journey: Service Blueprint .....	77
5.4.3. Shedding light on the User Experience: Refugees’ User Journey Map .....	79
5.4.1. Design briefing for the digital platform .....	81
5.4.1. Digital Platform Proposal: Visualizing one of the main service’s touchpoints	83
5.5. PRESENTING THE SERVICE PROPOSAL .....	85
5.5.1. Service Description and Components .....	86
5.5.2. Human-Centered Design Approach .....	88
5.5.3. Cultural Sensitivity and Accessibility Considerations .....	89
5.5.4. Stakeholder Engagement and Collaboration .....	90

5.6.	TEST: VALIDATING THE SERVICE PROPOSAL.....	90
5.6.1.	<i>Final questionnaire for validation and ideation of future work.....</i>	<i>91</i>
5.6.1.1.	Participant Recruitment and Procedures .....	96
5.6.2.	<i>Final questionnaire's results.....</i>	<i>96</i>
5.6.3.	<i>Results discussion.....</i>	<i>108</i>
<b>6.</b>	<b>CONCLUSION.....</b>	<b>113</b>
6.1.	RESEARCH OBJECTIVES' RECAP .....	113
6.2.	KEY FINDINGS.....	114
6.3.	LIMITATIONS .....	115
6.4.	RECOMMENDATIONS FOR FUTURE WORK .....	116
6.5.	CONCLUSION .....	118
	<b>REFERENCES.....</b>	<b>119</b>
	<b>APPENDICES .....</b>	<b>126</b>

## TABLE OF FIGURES AND TABLES

Figure 1 – Mental Health vs Other Health Issues described in the articles read during Phase 1

Figure 2 – Barriers to mental health care assessment and treatment: Global vs War Refugees  
(click on the link to view the full size version)

Figure 3 – Common barriers to both cases (global and war refugees) to mental health access

Figure 4 - Prevalence of mental health issues on articles from a literature review about refugees and service design

Figure 5 – Venn Diagram of the Inter-Disciplinary Research

Figure 6 – The Four Orders of Design according to R. Buchanan (1998)

Figure 7 – The four phases of design double diamond (*What Is Service Design? | Koos Service Design Blog*, n.d.)

Figure 8 – Refugees accessibility to mental healthcare ecosystem

Figure 9 – Refugee user journey for possible diagnosis and treatment of PTSD or other mental health disorders including access barriers (click on the link to view the full size version)

Figure 10 – Overview of the in-depth semi-structured interviews data of both refugees and healthcare stakeholders

Figure 11 – Barriers/challenges mapped after in-depth semi-structured interviews to both refugees and healthcare stakeholders

Figure 12 – Solutions/Facilitators mapped after in-depth semi-structured interviews to both refugees and healthcare stakeholders

Figure 13 – Refugee persona 1: Nataliya, 25 years old (click on the link to view the full size version)

Figure 14 – Refugee persona 2: Anastasiya, 41 years old (click on the link to view the full size version)

Figure 15 – Refugee persona 3: Nadiya, 33 years old (click on the link to view the full size version)

Figure 16 – Clinician persona 1: Sara Silva, Psychologist, 32 years old (click on the link to view the full size version)

Figure 17 – Clinician persona 2: Sara Silva, Psychologist, 32 years old (click on the link to view the full size version)

Figure 18 – Evidence based stakeholder map, centered on the primary user (click on the link to view the full size version)

Figure 19 – Mind map of hypothesis to solve the main barriers of mental health accessibility

Figure 20 – Service Design Scorecard (click on the link to view the full size version)

Figure 21 – MENTIS’ Business model canvas (click on the link to view the full size version)

Figure 22 – Service blueprint – Refugees’ Journey (click on the link to view the full size version)

Figure 23 – Service blueprint – Entities’/Professionals’ Journey (click on the link to view the full size version)

Figure 24 – User Journey Map – Basic Journey of a first-time end user (click on the link to view the full size version)

Figure 25 – Rapid paper prototyping for the MENTIS platform

Figure 26 – MENTIS’ platform proposal with user flow (click on the link to view the functioning prototype proposal)

Figure 27 – (Group 1) Age distribution amongst the participants

Figure 28 – (Group 1) Mental Health support initiatives relevance and usefulness score

Figure 29 – (Group 2) Age and Sex distribution amongst the participants

Figure 30 – (Group 2) Mental Health support initiatives relevance and usefulness score

Figure 31 – MENTIS service proposal level of relevance (overall percentage)

Figure 32 – MENTIS service proposal level of usefulness (overall percentage)

Figure 33 – Mental health challenges that may be address by MENTIS (overall percentage)

Figure 34– Cultural sensitivity displayed by MENTIS (overall percentage)

Figure 35 – MENTIS’ potential to bridge cultural gaps (overall percentage)

Figure 36 – MENTIS’ accessibility level for refugees (overall percentage)

Figure 37 – MENTIS’ likeliness to contribute to the overall mental health support improvement (overall percentage)

Figure 38 – Level of agreement with the sentence provided (overall percentage)

Figure 39 – Level of agreement with the sentence provided (overall percentage)

Table 1 – Problems and objectives addressed by this work

Table 2 – Most valuable/beneficial MENTIS’ features Group 1 vs Group 2

Table 3 – Most valuable/beneficial MENTIS’ features (overall percentage)





# 1. INTRODUCTION

## 1.1. Mental Health support for refugees

Mental health by definition is a state of well-being that enables people to handle their everyday life along with its' challenges. It's considered a basic human right and it is crucial to personal, community and socio-economic development. Also, mental health is not just the absence of mental disorders. It is a complex spectrum that varies from person to person, with different levels of difficulty and distress, and can lead to diverse outcomes in social and clinical settings (WHO, 2022).

The definition of refugee was primarily provided by the 1951 Convention Relating to the Status of Refugees and posteriorly amended by the 1967 Protocol, and it states that a refugee is somebody who:

*"(...) owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable or, owing to such fear, is unwilling to return to it."* (UNHCR, n.d.)

At the end of 2021 there were 89.3 million forcibly displaced people worldwide, due to persecution, conflicts, violence, human rights violations, or public order disturbing events, according to The United Nations Refugee Agency. Of these, 27.1 million were refugees and 4.6 million were asylum seekers (UNHCR, 2022).

Europe has a long-standing tradition of offering sanctuary to refugees and asylum seekers, and according to the 2022 Asylum Report, issued by the European Union Agency for Asylum, the political events during 2021 and early 2022, such as the Taliban's rise to power in Afghanistan and more recently the Russian invasion of Ukraine, have contributed to a new rise on the number of refugees and asylum requests in the European Union (Euaa, 2022).

Focusing on the Ukrainian humanitarian crisis, since the beginning of the war on the 24th of February of 2022, it is estimated that more than 7.8 million people have fled the country to take refuge in different European countries (UNHCR, 2022). Portugal, which also has a long history of receiving refugees and forcibly displaced people, has already attributed at least 53 thousand temporary protection status to Ukrainian citizens fleeing the war, according to SEF (Serviço de Estrangeiros e Fronteiras). Of those 53 thousand people, 25% are children (JN Agências, 2022).

### *1.1.1. PTSD and other common mental health problems for refugees*

The symptoms of trauma-related mental disorders have been documented since, at least, the Ancient Greece period (Carlstedt, 2010). As time went by, it was characterized as “combat fatigue”, “shell shock” and many other expressions, and it was always associated with war periods in history. It was only during the 1970s that the term “post-traumatic stress disorder” came into use, mostly due to the diagnosis of military veterans who fought during the Vietnam war (Klykylo & Kay, 2012).

According to Fegert (2018), refugees who have fled from a war zone are at a higher risk of developing post-traumatic stress disorder (PTSD) and other trauma-related disorders. The traumatic situations that propelled the forced migration like war stressors, combat, torture, serious injury or death of close connections, and even the loss of property and personal belongings, leave those individuals with a lot of emotional stress that may end up evolving into PTSD. Also, it is pointed out by Letica-Crepulja et al. (2011) that displaced people coming from a war setting who were exposed to multiple traumatic events suffer from a greater negative impact and accumulate more stress. This ultimately hinders their adaptation to the new living situation in their host countries, therefore decreasing their life quality. Additionally, as mentioned by Fazel et al. (2005), there is a prevalence of severe mental disorders among resettled refugees in Western countries. They are not only at risk of developing the aforementioned post-traumatic stress disorder but, also, they can easily develop other trauma and stress-related disorders such as anxiety, depression, and psychotic illnesses.

### *1.1.2. The importance of psychosocial interventions for refugees*

Psychosocial intervention can be defined as a range of therapeutic approaches that can address both psychological and social factors influencing the well-being and mental health of an individual or groups of individuals. This type of intervention highlights the usage of interpersonal psychotherapy as a method to safely reduce suicide, death ideation, and depressive symptoms among people considered to be at risk for suicide (Edelstein et al., 2022). Some types of psychosocial interventions that can be found in the American Psychological Association – Dictionary of Psychology ([dictionary.apa.org](https://dictionary.apa.org)) are:

- **Cognitive-Behavioral Therapy (CBT):** CBT is a widely used approach that focuses on identifying and changing negative thought patterns and behaviors. It helps individuals develop coping strategies and improve problem-solving skills.
- **Eye Movement Desensitization and Reprocessing (EMDR):** EMDR encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (usually eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories.
- **Narrative Exposure Therapy (NET):** NET helps individuals establish a coherent life narrative in which to contextualize traumatic experiences and it is known for its use in group treatment with refugees.
- **Psychoeducation:** This approach provides individuals with information about their condition, treatment options, and coping strategies to empower them to manage their mental health more effectively.
- **Supportive Counseling:** It's a form of therapy that aims to relieve emotional distress and symptoms without probing into the sources of conflicts or attempting to alter basic personality structure.
- **Mindfulness-Based Interventions:** These interventions, such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), teach individuals to be present in the moment, reduce stress, and manage emotions effectively.
- **Social Skills Training (SST):** SST is a form of individual or group therapy for those who need to overcome social inhibition or ineffectiveness.

- **Family Therapy:** It's a form of psychotherapy that focuses on the improvement of interfamilial relationships and behavioral patterns of the family unit as a whole, as well as among individual members and groupings, or subsystems, within the family.
- **Group Therapy:** These sessions bring together individuals with similar mental health challenges to share experiences, provide support, and learn from each other under the guidance of a trained therapist.
- **Psychosocial Rehabilitation:** It's the process of enhancing the recovery of individuals with severe mental illness by teaching or restoring psychological, behavioral, social, and vocational skills that will enable them to function in their community and by facilitating that endeavor through a continuum of services such as psychotherapy, family psychoeducation, illness management, and supported employment.

As noted by Nosè (et al., 2017), the diagnosis and treatment of mental health diseases, such as PTSD, on war refugees and asylum seekers face several challenges. To start with, it can be difficult to distinguish between PTSD symptoms and temporary stress from exposure to traumatic situations. In addition to this, there are numerous barriers to the access to mental health services from socio-cultural to systemic issues. Studies suggest that some types of psychosocial intervention are beneficial for refugee and asylum seeker groups, not only for the exclusive treatment of PTSD but also to help subside other mental health needs of these groups.

Refugees having good accessibility to mental health interventions can have numerous benefits for their well-being and overall integration into their new communities. Overall, mental health interventions done in this context have been shown to be effective in reducing symptoms of emotional distress such as anxiety and depression (Turrini et al., 2019).

## **1.2. Service Design**

The term Service Design was first coined by Lynn Shostack in 1982. Initially service design lived within the domains of marketing and management. During this time, it was suggested that a business should have a blueprint containing details of the processes within a company. Then, in

1991, Prof. Dr. Michael Erlhoff proposed that service design be considered a design discipline. It was around that time that service design gained a structure as a discipline.

Nowadays, Service Design is considered an established discipline supported by several academic studies that help analyze and understand its ways better while at the same time imagining its possible futures. Service Design positions itself as an integrative form of design that conjugates material design's practices with systems-oriented approaches of other areas. Due to combining analytical and creative skills, this discipline allows for its practitioners to come from different backgrounds and have a different set of skills. (Telalbasic & Bofylatos, 2019) Approaching service design is considered an exploratory endeavor focused on establishing novel forms of value exchange among various participants within a socio-material setup. This holds significance for current perceptions of design and has ramifications for research, practical applications, and educational approaches. (Kimbell, 2011)

If we take a step back and look at *what Design is*, according to the author Lara Penin, we will see that:

- Design is about having ideas;
- Design is about defining new relationships;
- Design is about visualizing and communicating and sharing ideas;
- Design is about delivering well-being to people.

A Service can be defined in simple terms as something that occurs when there's a value exchange between parts. If we break it down, then we have:

- The service provider who *“performs a certain activity that results in some benefit that includes a specific output and involves certain experiences.”*
- The service user who *“sees value in the output, the experience, or both combined and is willing to pay for it or exchange for something else of equivalent value.”*

Services, extending across various aspects of life, often align with the idea of care, including health, personal, safety, religious, military, community, and public services. Transactions in many cases involve indirect compensation, such as public services, and some operate on a volunteer basis without monetary exchange. (Telalbasic & Bofylatos, 2019)

According to an article, from the Interaction Design Foundation (IxDF), as an emerging discipline service design provides a systematic and creative approach to:

- Meeting the need for service organizations to be competitive;
- Meeting customers' increasing expectations of choice and quality;
- Harnessing the technological revolution that is multiplying the ways in which services can be created, delivered, and consumed;
- Responding to pressing environmental, social, and economic sustainability challenges;
- Fostering innovative social models and behaviors;
- Sharing knowledge and learning;

In 2006, Morelli proposed that the, constantly evolving, service design methodologies should operate in 3 directions:

- Using analytical tools, the actors on the service should be identified and defined;
- After defining the service scenarios, the user cases should be developed to reflect the actors' interactions;
- The service should be represented using diagrams and written elements to show all the physical components, actors, interactions, and sequences.

There are still several different definitions of what constitutes service design, as stated by Service Designer Thomas Wilson (Senior Principle Service Designer at United Healthcare) on an interview for a Nielsen Norman Group podcast episode (11/08/2023) about this subject, still his personal definition is that “*Service design is all about solving problems and trying to create positive outcomes for customers, employees and organizations*”. As for Daniela Sangiorgi an Associate Professor at Politecnico di Milano and co-author of the book *Designing for Services*, she states

that the practice of service design “(...)is very people centered and is informed by a collaborative wave of insight and idea development of tools to inform design elements of a service. So it is quite experience-centered, but it also touches on more organizational dimensions as well.”

To sum up, Service Design can be considered the activity of organizing and planning a business/service resources in order to impact the employee’s experience directly positively, and indirectly, the customer/user’s experience.

### *1.2.1. Service Design and Public Services: A short state of the art*

Recently, due to the growth and investment in public sector services and infrastructures, some governments are now considering service design as a means to improve the quality of the existing services in the sector and help create newer, more human-centered ones. (*The User Generated State: Public Services 2.0 - Social Media DNA*, n.d.) The public is being encouraged to see Service Design as a tool for positive change and social innovation, specially since everyone can contribute to the design process which in the end helps create a more inclusive and sustainable future. (Manzini, 2015) For example, in Denmark design within the public sector, Mindlab (a public innovation center) has been applying user-centered design to several projects. Mindlab’s most used design methods are iterative prototyping and testing to evolve not only the projects but also the government’s own structure and strategies. From rethinking Copenhagen’s waste management and transforming Odense’s services for mentally disabled adults, Mindlab has successfully applied design methods to create human-centered solutions for public sector issues. (*Design-Led Innovation in Government*, n.d.) Meanwhile, in the United Kingdom, the British government explored the concept of “user-driven public services” (*HC 410 User Involvement in Public Services Sixth Report of Session 2007-08 Report, Together with Formal Minutes The Public Administration Select Committee*, 2008) (*Building on Progress: Public Services*, n.d.) The results of this exploration were an update on the view of the role of service providers and users in the development of public services. In New Zealand, the service design approach is being applied in projects like Family 100 which focuses on the experiences of families living in poverty in Auckland. A collaboration between three entities (Auckland Council, Auckland City Mission, ThinkPlace) took place and the result was the elaboration of the report

entitled “Speaking for Ourselves” and an empathy tool “Demonstrating the complexities of being poor”. Ezio Manzini, author of the book “Design, When Everybody Designs: An Introduction to Design for Social Innovation”, mentions different examples of how the role of design impacts social innovation, and how it addresses complex social challenges. One of the real-world cases explored by Manzini is the “Design and Social Innovation in Kenya” where he analyzes some projects in Kenya where design is used to address social challenges including initiatives related to healthcare, education, and community development, illustrating how design thinking can have a positive impact in diverse cultural contexts. (Manzini, 2015) Peter Hupe, author of “Designing Public Policies: Principles and Instruments”, talks about the importance of collaboration and engagement with diverse stakeholders when creating a new public policy, while also highlighting the importance of understanding policy contexts and the dynamic nature of public issues. (Howlett, 2019)

### **1.3. Design for Health**

Health practitioners around the world may see design methodologies as something arbitrary and uncomfortable, since they are used to working with scientific processes that are more structured than the iterative nature of design testing. Still, it is recognized by actors in both fields that a collaborative approach between the structure provided by the scientific method and the rapidly iterative design methodology can help create more sustainable and equitable outcomes. (Mishra & Sandhu, 2021) This collaboration still faces a lot of barriers and resistance from both sides as can be read in Andrawes et al. (2021) article called “*Complexity in Health: Can Design Help Support Interdisciplinary Solutions?*” where they say the following while trying to help overcome the existing tension between both areas:

*“(...) an invitation to both designers and public health professionals to join forces more openly and more often to bring together the plurality of expertise within public health and the practical, people-centered, problem-solving approaches of design. For design to genuinely harness interdisciplinary solutions, it requires that practitioners of both design and global health reflect on their respective contributions to the bounded nature of global health programs.”*

In 2017 Rachel Cooper and Emmanuel Tsekleves who wrote a book on the application of design methodologies to the health sector, illustrating the history of the development of design for health, and the various design disciplines and domains to which design has contributed so far, consider that one of the most complex global challenges is creating strategies for promoting health and therefore improve the wellbeing of citizens of the world. According to them there are 5 distinct health themes where design can be applied: Design for Health, Design for Public Health, Design in Acute Health, Design in Chronic Health, and Design for Ageing Well.

An interdisciplinary or multidisciplinary approach for Public Health (and other areas) has been growing in popularity in recent years and is seen as a welcomed addition to the research field. These types of research, especially interdisciplinary research, can help transcend disciplinary boundaries and help address complex problems, oftentimes called “wicked problems”, in society. (Van Teijlingen et al., 2019) The value that can be brought by design when applied to health sector issues can be divided into 3 different categories (Mishra & Sandhu, 2021):

- Framing: Design helps identify the right problem that needs to be solved.
- Intention: Design helps create a space to solve problems the right way;
- Collaboration: Design continuously engages communities and organizations as stakeholders.

Due to these facts, along with the growing need for global health products, programs, interventions and systems to meet the needs of their targeted communities design is considered, nowadays, as an essential tool for global health innovation.

#### **1.4. Human-Centered Design**

Human-centered design by definition is an approach that places people at the forefront of the design process. It involves understanding the needs, preferences and behaviors of end-users by using empathy and observation tools. HCD emphasizes collaboration and iterative prototyping to create solutions that genuinely address the challenges faced by individuals. This is a methodology

that prioritizes the user experience and seeks to create innovative solutions that resonate with the target audience. (IDEO, 2018) According to Norman (2016) the key principles of HCD include:

- Affordances and signifiers: Design elements should offer clear affordances, indicating their potential uses, and include signifiers that guide users on how to interact with them.
- Conceptual models: HCD acknowledges the importance of aligning design with users' mental models, ensuring that the way a product functions is consistent with how users perceive it.
- Mapping and Feedback: HCD emphasizes creating designs with clear mapping, where the relationship between controls and their effects is intuitive. Immediate and informative feedback is crucial for users to understand the outcomes of their actions.
- Error Prevention and Recovery: HCD seeks to prevent user errors through forgiving designs and provides easy recovery paths when mistakes occur, minimizing negative user experiences.
- Designing for People: HCD adopts a user-centered approach, prioritizing a deep understanding of users' needs, behaviors, and psychology to inform the design process.
- The Gulf of Execution and The Gulf of Evaluation: HCD addresses the "Gulf of Execution" by ensuring that users can easily understand and execute tasks. It also addresses the "Gulf of Evaluation" by making sure that users can accurately assess the state of a system.
- Case Studies and Examples: HCD often involves learning from real-world examples and case studies to inform the design process,
- Reflections on Design: HCD encourages designers to reflect on the broader implications of their work, considering its impact on society and emphasizing the ethical responsibility of designers.

At its core, HCD advocates for empathetic engagement with end-users, prioritizing a deep understanding of their needs and experiences. The methodology embraces an iterative process that involves continuous prototyping and testing, allowing designers to refine solutions based on real user feedback. User involvement is central to the approach, with users considered as co-designers from the outset of the design process. HCD encourages holistic problem-solving,

urging designers to consider the broader context and ecosystem within which solutions will operate. Creative collaboration, involving multidisciplinary teams and stakeholders, is emphasized as a catalyst for innovative solutions. Rapid prototyping is presented as a key practice, facilitating the visualization and testing of ideas. Finally, a mindset of optimism and a bias toward action is promoted, urging designers to view challenges as opportunities and to be open to discovering unexpected solutions. (IDEO, 2018)

### **1.5. Problem Statement**

Studies show that refugees are at higher risk of developing mental health problems such as PTSD, anxiety, and depression due to the dire situations that caused these individuals to leave their home countries. From these mental health issues, PTSD emerges as the most prevalent one in several studies focused on refugees, underscoring a common concern for mental health needs in the academic community while revealing a notable gap in research regarding the intersection of service design and mental health access for refugee communities.

Refugees are considered at-risk groups when it comes to the possibility of developing mental health problems such as PTSD due to their unique set of conditions, and poor access to health and mental health care can contribute to and exacerbate their mental health problems. (Drescher et al., 2021). The lack of structures and policies provided by host countries to ensure that mental health care reaches refugees entering the country, combined with the usual barriers to access such as stigma, language, cultural differences, and all the other barriers mentioned in the previous chapter, hinders and delays timely assessment and treatment procedures, ultimately reducing the quality of life and well-being of these vulnerable communities. Access to mental health care and treatments such as psychosocial therapy is considered important and beneficial for refugees by some authors such as Im and Swan (2022). The increasing number of refugees (due to various reasons: wars, political unrest, natural disasters, etc.), manifested in the UNHCR reports, is reflected in the number of articles that can be found on this topic, and mental health is indeed an important and common concern that is addressed and analyzed in several different fields.

Like it was mentioned in the introduction chapter, since the beginning of the war in Ukraine it is estimated that more than 7.8 million people have fled the country to take refuge in different European countries (UNHCR, 2022) and the Portuguese Service for Borders Agency (SEF) estimates that Portugal has attributed at least 53 thousand temporary protection status to Ukrainian citizens.

Since there is an apparent lack of articles and work done through the scope of service design, this research will address the Ukrainian refugees' accessibility to mental health care issue through this scope and try to contribute to the research gap found during the literature review phase, as well as contribute to society by creating and proposing a service that can help address the issues studied, increase accessibility to both mental health care and information, and ultimately the assessment and treatment of refugees with mental health problems, increasing their quality of life and well-being. It is in the interest of this work to understand through the scope of service design how a solution to this problem can adapt to both the needs of the Ukrainian refugees and the conditions provided by the country in focus, Portugal.

**Table 1 – Problems and objectives addressed by this work**

<b>Research Problem</b>	<b>Design Problem</b>	<b>Research Questions</b>	<b>Objectives</b>
What are the psychological and emotional needs of war refugees in Portugal and how do these needs evolve over time and how are they being addressed by the NHS?	How to design a comprehensive and culturally sensitive mental health support service for war refugees in Portugal that addresses their unique psychological needs at each stage of their journey and is compatible with the current NHS structure?	What are the main barriers and challenges faced by war refugees in accessing mental health services in Portugal?	To identify and analyze the specific structural, economic, and social barriers that limit the access to mental health services for war refugees in Portugal.
		What are the existing mental health care resources and facilities available to war refugees in Portugal and how do they meet the needs of this population?	To assess the availability, adequacy, and distribution of mental health care resources, including mental health professionals and support organizations, and their responsiveness to the needs of the refugee population.

		How do cultural factors, language barriers, and stigma affect the use of mental health services among war-affected refugees?	To explore the role of cultural competence, language proficiency, and mental health literacy in facilitating or hindering the use of mental health services among war-affected refugees.
		What are war refugees' attitudes and perceptions towards mental health care, and how do these factors influence their willingness to seek help?	To examine war refugees' perceptions, beliefs, and attitudes towards mental health care, with a focus on stigma reduction and awareness campaigns.
		What are the experiences and coping strategies of war refugees who have successfully accessed mental health care services, and what can be learned from their journeys?	To document and analyze the personal narratives and coping strategies of war refugees who have successfully accessed mental health care, with the goal of identifying best practices and strategies for improving access and utilization.

## 1.6. Research Question

How can service design, through the creation of a new service, help to improve the accessibility and awareness of Ukrainian refugee communities to mental health support services and initiatives active in Portugal, thus facilitating the timely assessment and treatment of common mental health problems in this population, which may ultimately improve their quality of life and integration process?

## 1.7. Hypothesis

The creation of a mental health accessibility support service that centralizes and disseminates information about active mental health services, provides easy connections to these services, and promotes mental health awareness in a culturally sensitive manner can contribute to:

- Increase the accessibility of Ukrainian refugees to mental health services and support initiatives;
- Raise awareness of mental health issues among Ukrainian refugees;
- Increase the likelihood of earlier assessment and treatment of mental health problems;

- Increase the sense of belonging and help refugees integrate into Portuguese society.

## **1.8. Objectives**

### ***General Objectives:***

- Contribute to improving access to mental health services and initiatives currently provided to refugees who are at high risk of developing mental health problems such as PTSD.
- Contribute to the literature gap on the intersection of service design and refugee mental health care.

### ***Specific Objectives:***

- To identify and analyze the specific structural, economic, and social barriers that limit access to mental health services for war refugees in Portugal.
- To assess the availability, adequacy, and distribution of mental health care resources, including mental health professionals and support organizations, and their responsiveness to the needs of the refugee population.
- To explore the role of cultural competence, language proficiency, and mental health literacy in facilitating or hindering the use of mental health services among war-affected refugees.
- To examine war refugees' perceptions, beliefs, and attitudes towards mental health care, with a focus on stigma reduction and awareness campaigns.
- To document and analyze the personal narratives and coping strategies of war refugees who have successfully accessed mental health care, with the goal of identifying best practices and strategies for improving access and utilization.
- To document and analyze the potential contributions of an online platform to improve the access of war refugees to mental health support services in Portugal.

## 1.9. Significance and Contribution

There is an abundance of literature exploring the importance of improving mental health care for vulnerable communities, such as those made up of war refugees, and many strategies and services are being explored, still, there is little to no exploration of this area from a service design perspective. While there are several studies on the intersection between Design and Mental Health and numerous more studies on Mental Health and war refugees, as it can be seen during the literature review of this study, there are few studies that cross the three areas (service design, mental health, and war refugees) in an integrated and collaborative way. Therefore, this research is firstly trying to contribute to filling this gap in the literature.

Although strategies are being promoted to increase the involvement of users of health care services in decision-making processes, challenges remain due to the imbalance of power. This imbalance begins with the fact that clinicians can legally make substantial decisions about the treatment and care of a particular person (*Mental Health Act 2014*, n.d.). Service design has also historically been led and managed by clinicians and bureaucrats whose primary focus is risk reduction at the expense of the preferences and needs of patients and caregivers (Byrne & Wykes, 2020). Considering the mhGAP Intervention Guide framework (developed by WHO), which emphasizes the importance of integrating services into primary health care and shifts the focus to evidence-based interventions, while ensuring that concepts such as cultural sensitivity and a basic human rights approach are still taken into account. That framework helps guide the assessment, diagnosis, treatment, and ongoing management of conditions faced by refugee communities. The mhGAP framework, together with inspiration from the principles of human-centered design (HCD) (a concept developed and discussed by authors such as Cooley, (1987)), which prioritizes the needs and experiences of end-users in the design of interventions, allows us to approach mental health support for refugees with empathy and cultural sensitivity, ensuring that the proposed service or intervention meets the unique needs of this diverse population.

As mentioned by Raadschelders et al. (2019), refugee migration is a very visible and real wicked problem, and by definition, wicked problems can only be partially and temporarily solved. The

definition of a wicked problem in contrast to tame problems, as it was introduced by Rittel and Webber in 1973 states the following:

*“A tame problem is relatively easy to address, such as filling potholes or weekly garbage pickup by the sanitation department. The various stakeholders involved generally agree about a given problem’s definition and solution. Such agreement allows for a standard and linear decision-making process that can be repeated time and again. By contrast, a wicked problem is unique. It often involves many different public, nonprofit, and private stakeholders and concerns issues of which the causes are uncertain and always complex. Most problematic is that a wicked problem can only be resolved partially and temporarily because changing time and context will demand continuous adaptation of policy. Examples of such wicked problems include poverty, power and income inequality, human trafficking, discrimination, climate change, food insecurity, and refugee migration.”*

Governments and non-governmental organizations are responsible for managing the various migratory flows and national health agencies are responsible for dealing with health issues. According to Buchanan (1992), the role of design, as an integrative discipline, is to understand this complexity and to engage in dialogue with the various disciplines involved in an applied solution to the problem. As such, the work developed in this process aims to contribute to the current governmental health-related strategies in Portugal, by breaking down the complexity of this issue and providing an applicable and viable solution to the problem. Thus, by following such principles, the work carried out during this thesis on the creation of an accessible, empathic and culturally sensitive service, hopes to contribute to solving (even if only partially or temporarily) the lack of access to mental health care faced by war refugees in Portugal.

In summary, the main contributions of this thesis will be to fill a gap in the literature and to create a service proposal that can hopefully have a positive impact on society, while proposing a solution to a real problem and increasing the well-being of refugees living in Portugal.

## **1.10. Thesis' Structure**

On what can be perceived as the “zero phase” of this study, a brief blue skies research was used to get a preview of what might be found after thorough research was done on this theme. This approach fostered the exploration of innovative ideas, built a strong foundational understanding of the chosen topic, helped identify the first possible research gaps, and stimulated critical thinking on the subject at hand. To summarize, it helped lay the groundwork, and structure the backbone of this study and whatever steps came after.

During the first phase of this study, a collection of secondary sources was used to help achieve the base knowledge for the whole project. In this phase, the aim was to comprehend the primary health problems experienced by the refugees and ascertain the relevance of mental health as an actual issue for these communities. Additionally, the investigation helped determine the most prevalent mental health disorders within these same communities.

In the second phase, an applied research approach was employed to attain a solution through the application of a more focused investigation, aiding in informed decisions regarding the project. It was during this phase that the Four Phases of Service Design were applied and served as a framework to guide the creative process that led to the final Service Design Proposal aiming to improve the accessibility of refugees to mental health support services.

The final phase of this thesis involved the presentation to various stakeholders of a service proposal that had been carefully crafted based on the insights gained throughout the research, ideation and prototyping phases. This validation phase not only laid a solid foundation for future work, but also served as a critical step in ensuring the effectiveness of the proposal in addressing the identified problems and meeting the specific needs of the stakeholders and target audience. Seeking validation from stakeholders enabled the proposal to be aligned with their objectives and gained crucial support for possible future implementation. At the same time, the feedback provided invaluable insights, different perspectives, and potential areas for improvement. With the enrichment of stakeholder input, the service proposal was transformed into a collaborative effort, ready for future iterations, enhancements, and eventual real-world implementation. This

collaborative approach increases the likelihood of achieving meaningful impact and success in society.

## 2. LITERATURE REVIEW

There are many articles on the importance of access to mental health care, whether it is in relation to the general population or to vulnerable groups and communities, such as war refugee communities. As there is an undeniable increase in the number of refugees around the world due to various complex situations, it has become an urgent matter for governments to develop new strategies that include easier access to mental health care for these particular groups of people. Although the available literature covers a wide range of issues related to refugees (both health and non-health related), this review focused on the specific issue of mental health care for refugees and the relationship between service design and other refugee-focused initiatives (mainly health related). This literature review was conducted in two complementary phases. The 2 sequential searches were conducted on the [b-on](#) database and both searches were subjected to the same filter choices:

- Full Texts;
- Peer-reviewed;
- From inception to November 2022.

In the first phase of this review, the aim was to understand the types of issues that have been explored through the scope of service design when it comes to refugee communities. In the second phase, the focus shifted to gaining a comprehensive understanding of the primary mental health problems experienced by people with this status, particularly those from war zones. The study also examined the challenges, barriers, and gaps in accessing mental health services within the broader context of accessing any health services.

The objective of this literature review was to serve as a foundation for this research and service proposal, by helping to shed light on the complexities and nuances surrounding mental health support for refugees. Ultimately, this approach brought us a broader understanding of the challenges faced by refugees when trying to access mental health support services, which was crucial for the development of a human-centered, targeted, and adequate service or intervention that addresses the unique needs of these populations.

## **2.1. Search Strategy**

For the first phase, the keywords “refugees” and “service design” were used as subject terms, yielding a total of 72 results. Thirty articles were selected for analysis by scanning both the titles and the subject terms and identifying that they contained the research terms “refugees” and “service design”, the remaining 42 articles were excluded as they did not contain both keywords in their titles or subject terms. This stage allowed us to understand that this is a relatively new topic of study, due to the lack of entries found, and that the more common issues studied are those of access to and treatment of mental health for refugee communities. The conditions and structural organization of displacement settings contribute to the deterioration of the mental health of individuals in these communities. Related to this, Kerbage et al. (2020) also point out that refugees tend to view their distress as a normal response to the adversity they've faced, which creates a cultural barrier that makes it difficult for professionals to connect with these individuals when it comes to mental health care. These conclusions were reached by analyzing the text content of each article.

In the second phase, we focused on and analyzed the most common mental health problems of our target group. Using the keywords "war refugees", "mental health" and "service", a total of 112 articles were obtained, of which 34 were analyzed after a new round of sorting (using the same criteria as in the previous phase). The findings from this phase showed that PTSD is one of the most common mental health problems faced by war refugees; of the 34 articles, 26 referred to PTSD as a common problem, along with anxiety and depression. Hodes and Vostanis (2019), among others, state that the experiences of war refugees place these individuals at high risk of developing PTSD, as well as depression, anxiety disorders and psychosis.

From a total of 64 articles analyzed (30 articles from the first phase plus 34 articles from the second phase), data were compiled for the following categories: sex, age range, and nationality of the population studied; health and mental health domains of the study; barriers to accessing mental health care; country in which the study was conducted; stage of migration the study focused on; and publication date.

## 2.2. Findings and Results

### 2.2.1. Phase 1: Service Design and Refugees

While conducting this first phase of the literature review, the primary focus was to ascertain, within the scope of service design, the predominant research themes related to forced migration and refugee situations. Twenty-eight articles out of 30 that were read, steered towards health-related themes, the 2 articles which didn't focus on health-related issues, are still worthy of mention, as they focused on the integration of refugees into the host countries.

Of the 28 articles that were related to health issues, 15 focused on diverse mental health problems. One of the mental health-focused articles, *“Barriers and Facilitators of Mental Health Service Utilisation among Bhutanese Refugees in the USA: Findings from a Mixed-Methods Study”* (DeSa et al., 2022), mentions some of the main barriers and also facilitators that were later further explored on this research, like in the second phase of this literature review and also during the in-depth interviews with refugees and healthcare professionals. As can be seen on Figure 1 shown below, mental health issues were the most prevalent health issues mentioned on the articles that were read during this phase.

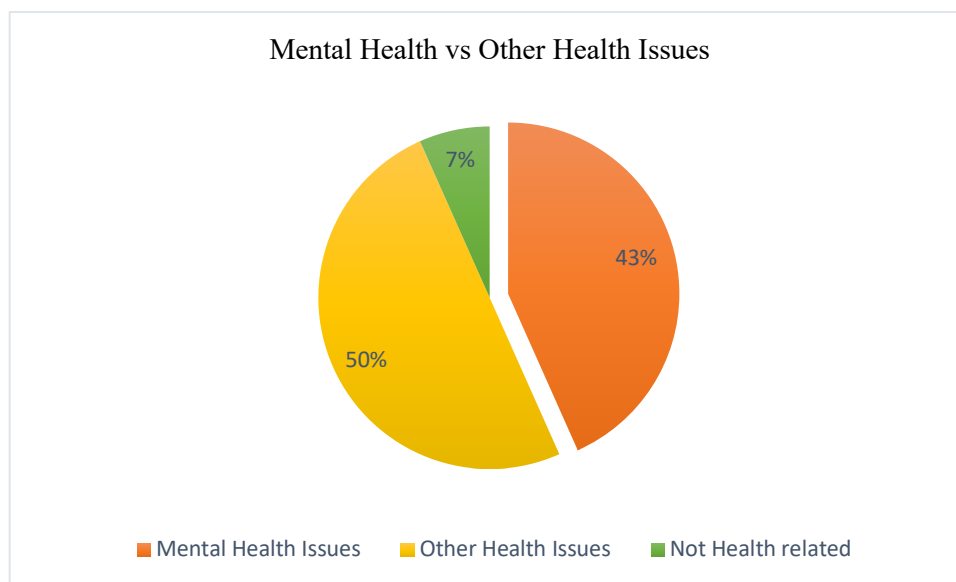


Figure 1 – Mental Health vs Other Health Issues described in the articles read during Phase 1

The most pertinent of these two non-health related articles, and which inspired some of the subsequent work on this research, was “*Transformative Service Initiatives: Enabling Access and Overcoming Barriers for People Experiencing Vulnerability*” (Boenigk et al., 2021) as it explores the use of Transformative Service Initiatives (TSIs) and how they can enable access and help overcome barriers for people experiencing vulnerability and ultimately achieve better levels of well-being. The article proposes a 3A (Awareness, Alignment, Access) Integration Process Framework that can facilitate empirical testing of whether participation in TSIs affects people's access to critical services (such as housing, employment, education, and health).

This phase of the literature review underscores a prominent research trajectory concerning refugees and asylum seekers upon arrival in host countries. The main challenges they face relate to the barriers that impede their access to basic necessities, including health care and other essential services.

### *2.2.2. Phase 2: Mental Health Access within Healthcare Access for Refugee Communities*

In the second phase of the review, the focus was on refugees' access to mental health services and support within the overall access to health care that is provided to them by default. Of the 34 articles read, only 1 did not fully focus on mental health, but was kept on the list because it highlighted the lack of written work done on social work practice with war-affected populations, particularly refugees, despite the importance of addressing mental health concerns in these populations (Denov & C. Shevell, 2019).

The remaining articles provide important insights into the challenges and barriers that refugees and asylum seekers face when trying to access mental health support during their stay in host countries. The recurring themes of *cultural* and *linguistic barriers* highlight the need for culturally sensitive and multilingual support in mental health care, as illustrated in an article by

Kiselev et al. (2020), which provides the reader with a group of therapists' views on this issue. Additionally, it is frequently mentioned by articles delivering the refugees' point of view that the pervasive **stigma** surrounding mental health poses a significant obstacle, necessitating targeted efforts to destigmatize seeking help, as well as the prevalent **lack of knowledge and information** about available services that emphasizes the importance of comprehensive outreach and awareness programs (Kim et al., 2021). On “*Problems after flight: understanding and comparing Syrians’ perspectives in the Middle East and Europe*”(Drescher et al., 2021), the article presents that **financial constraints** and **legal and institutional challenges** underscore the need for policy reforms and financial support to enhance accessibility. Systemic issues within the mental health sector also require attention to improve service delivery. In addition, the data highlights how uncertain immigration status, social isolation, and physical immobility further complicate the situation. To address these barriers, interventions should consider alternative treatments, funding for interpreters, and tailored solutions for specific cultural contexts.

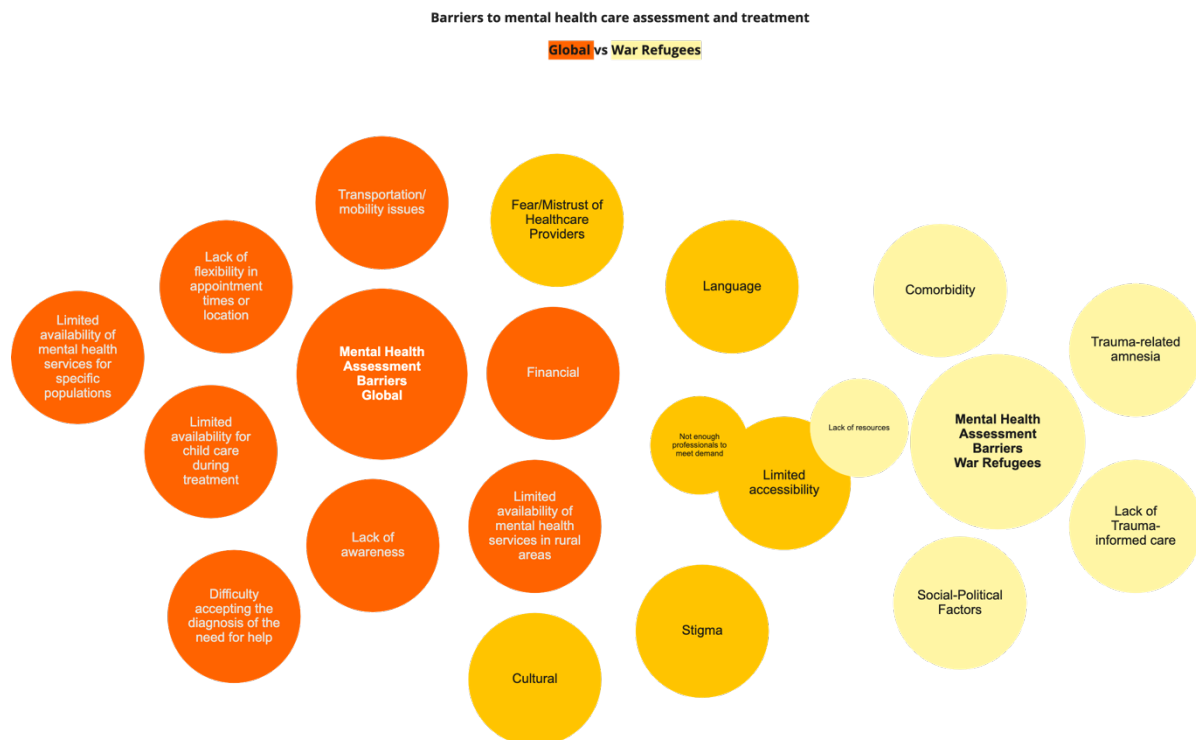
Access to mental health services is hindered by a set of common challenges. According to the WHO mental health survey results (Andrade et al., 2014) the most common barriers for any individual that may need mental health help are:

- Lack of awareness or understanding of mental health conditions;
- The stigma surrounding the mental health area;
- Lack of financial support and the overall prohibitively high cost of treatments in the area;
- Lack of mental health professionals to meet the demand which limits access to treatment;
- Fear and mistrust of the healthcare providers and also of the outcome of the treatment;
- Limited availability of culturally and linguistically diverse providers which creates cultural and language barriers;
- Getting to healthcare facilities may be an issue for some people;
- Limited availability of mental health services in rural areas and for specific populations;
- Lack of flexibility in appointment locations and schedules;
- Lack of social support for people with children who may need a place to leave their child during treatments.

When the refugee status is added as a new parameter in order to cross-analyze the results and pinpoint which barriers are common to both classes, the following barriers out of two articles (Al-Soleiti et al., 2021; Byrow et al., 2019) were highlighted:

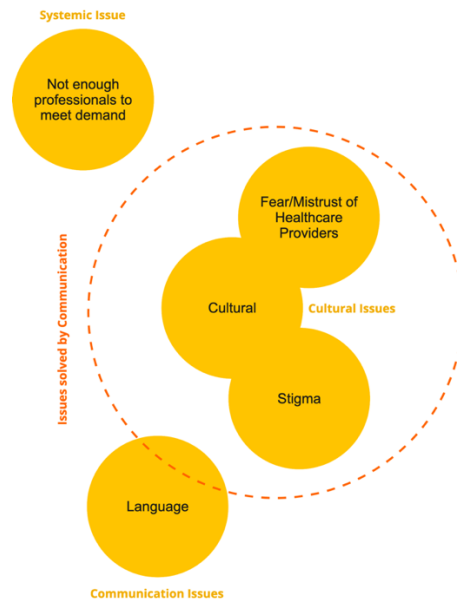
- Language and cultural barriers;
- The severe trauma that refugees may have experienced can lead to trauma-related amnesia;
- Stigma and lack of trust in mental healthcare providers;
- Lack of resources financial or otherwise;
- Comorbidity;
- Socio-political stressors influenced by the migration process;
- Lack of trauma-informed and culturally appropriate care;
- Access to psychological treatments is limited either due to resources or lack of trained professionals.

Figure 2, shown below, displays graphically both lists of barriers to the access of mental health care and what barriers are common to both of them in the center region of the diagram.



**Figure 2 – Barriers to mental health care assessment and treatment: Global vs War Refugees**

(click on the link to view the full size version)



**Figure 3 – Common barriers to both cases (global and war refugees) to mental health access**

The conclusion that can be drawn from the analysis of Figure 3 is that among the most common barriers of both classes when trying to access mental health services, language and cultural barriers, stigma, fear/mistrust of health care providers and lack of access barriers such as lack of enough professionals are shared between the general population and displaced people/people with refugee or temporary protection status. Therefore, a hypothesis was created around these findings, considering these barriers as the most important and hindering ones in the process of receiving mental health support.

In terms of the most common mental health challenges faced by forcibly displaced persons, including refugees, it is clear that they are often exposed to potentially traumatic events and stressful situations both in their countries of origin and during transit and post-migration. These experiences, which include war, violence, persecution, loss of loved ones and forced migration, can have a significant impact on their mental well-being and overall functioning. The cumulative effect of these encounters can lead to psychological distress, resulting in conditions such as depression, anxiety, post-traumatic stress disorder (PTSD) and other mental health complications. In addition, refugees' struggles to access health and mental health care can further exacerbate their mental health problems. (Drescher et al., 2021).

For the total number of articles read in this phase, 19 possible barriers to accessing mental health care were identified. Thirty-one out of 35 articles focused their research on the post-migration phase, and one of these, by Nickerson et al. (2022) focused on the impact of both the in-transit and post-migration phases. Within the range of mental health conditions mentioned, PTSD is the most common, along with other mental health problems such as anxiety and depression, as shown in Figure 4.

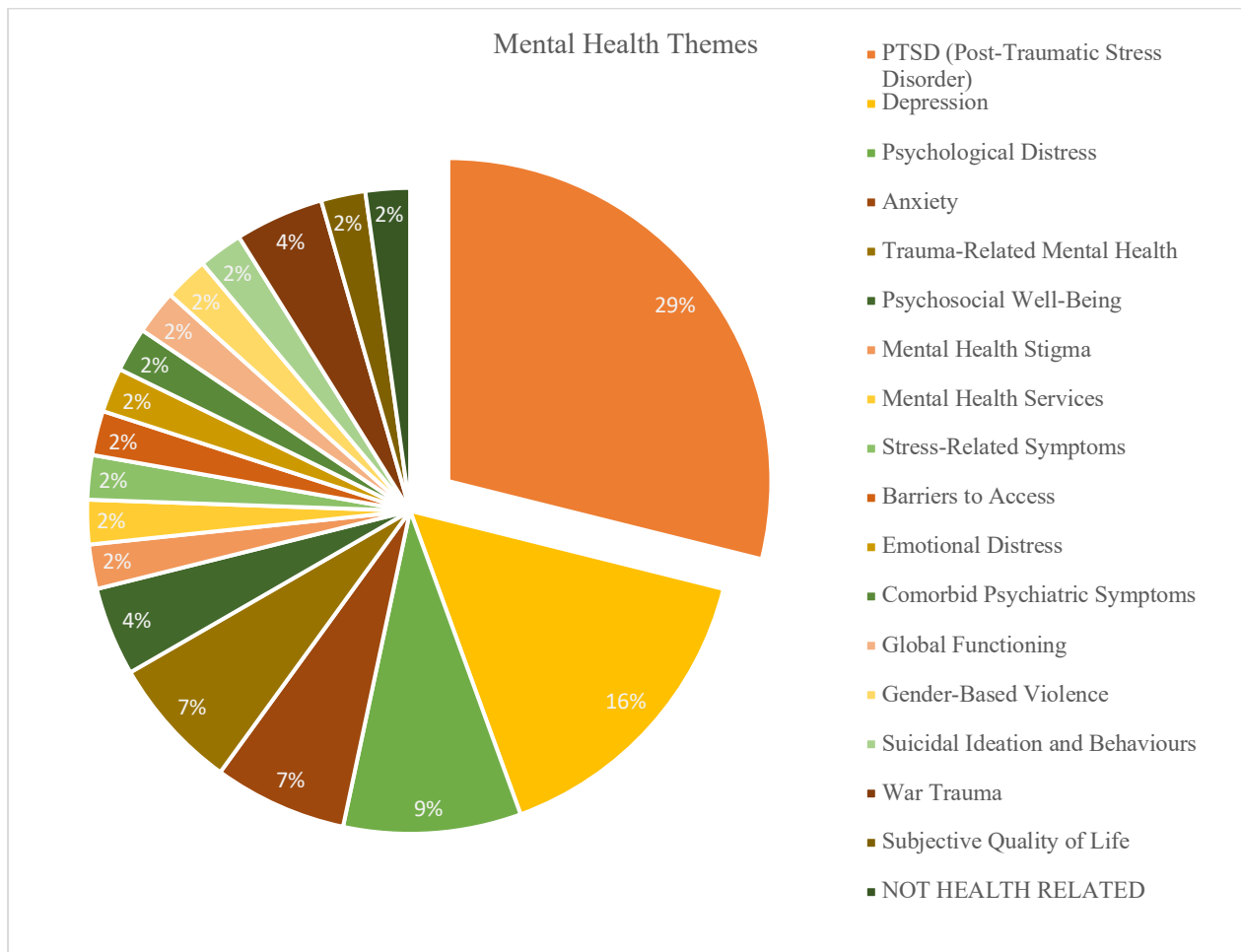


Figure 4 - Prevalence of mental health issues on articles from a literature review about refugees and service design

## 2.1. Summary and Integration

The review presented in this chapter extensively explored the topic of health issues, with a deeper focus on mental health issues, and the access of refugee communities to these types of services

and support, via the scope of service design. This section provides a comprehensive summary of the main findings, insights, gaps, and themes identified in the reviewed literature. The results for the whole review which encompassed a total of 64 read articles, were as follows:

- Although the refugee migration journey has three phases (pre-migration, in-transit, and post-migration) (Wessels, 2014), most of the studies focus on the post-migration phase (58 out of 64 articles);
- Within the problem of general health accessibility for refugees (from the service design domain), the most recurring theme explored in the articles was mental health (13 out of 31 articles from the first review phase);
- PTSD is one of the most commonly mentioned mental health issues, along with anxiety and depression (23 out of 33 articles from the second review phase mentioned one or more of these conditions);
- At least 19 different barriers to accessing mental health services were identified.

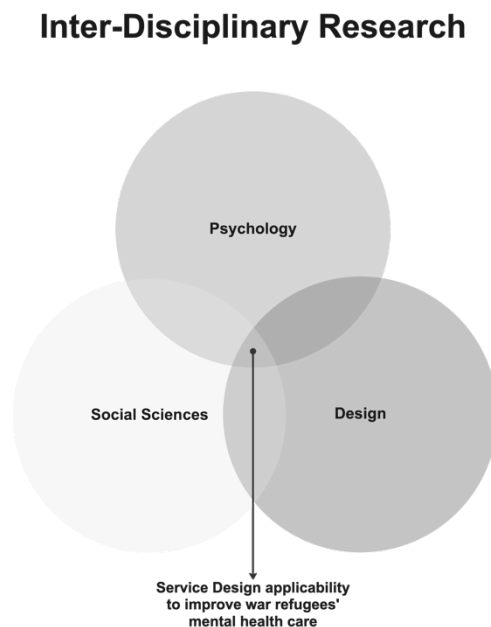
The synthesis of these two phases of the literature review provides a solid foundation for the subsequent chapters of this thesis. The findings provide critical insights into the challenges refugees and asylum seekers face in accessing mental health support in host countries.

Furthermore, the comprehensive understanding of mental health service gaps gained from the literature review informs the development of a human-centered service proposal tailored to the unique needs of this vulnerable population.

### 3. THEORETICAL FRAMEWORK

#### 3.1. Research for Design

Given the objectives, mentioned initially in the introduction chapter of this project, an interdisciplinary design research approach was used to comprehensively explore mental health support for Ukrainian refugees in Portugal (Figure 5). This type of research goes further by integrating insights and methodologies from different disciplines to address a common problem. It allowed for the integration of knowledge from multiple disciplines, including psychology, social sciences, and design, to gain a holistic understanding of the complexities surrounding mental health challenges in this specific context.



**Figure 5 – Venn Diagram of the Inter-Disciplinary Research**

The term Research in Design is mostly used among academic communities, and it was first explored by Frayling (1993). According to the author, the concept can be subdivided into three types of research: Research Into Design, which means the researcher is looking into the Design field to obtain more knowledge on the field itself; Research Through Design, which means that design materials will be used as experimentation tools to help generate new knowledge; and Research For Design, which means that the knowledge obtained by the research will be used to

construct new design products, services, methodologies, etc. This research design draws upon the framework of Research for Design, which acknowledges the reciprocal relationship between research and design practice. This framework allows us to actively engage in design activities while simultaneously researching to address the identified problem effectively.

### **3.2. Four Orders of Design**

The design proposal made in this project can be framed in Richard Buchanan's "Four Orders of Design" (Buchanan, 1998). Buchanan theorizes that design has evolved in its overall scope, from the ability to create tangible things to being able to propose changes in more intangible contexts. This provides a valuable lens for understanding the different levels at which design interventions can be applied to complex societal challenges. Buchanan organizes this range according to:

1. In the first order of design, the focus is on creating tangible and practical artifacts, which are commonly associated with graphic design or product design solutions.
2. The second order of design emphasizes strategic planning and envisioning broader systems and structures, for more complex and open-ended problems, known as "wicked problems".
3. The third-order design takes a more systemic approach, focusing on designing the context in which second-order design problems emerge. The main concern here is with creating structures and processes that support and foster effective second-order design.
4. The fourth order of design involves meta-design, where designers work on designing the conditions and systems that facilitate the emergence of third-order design activities. It addresses the frameworks and methods through which third-order design interventions can happen.

		Fields of Design Problems			
		Communication Symbols	Construction Things	Interaction Action	Integration Thought
Arts of Design Thinking	Inventing Symbols	Symbols: Words & Images			
	Judging Things		Physical Objects		
	Connecting Action			Activities, Services, Processes	
	Integrating Thought				Systems, Organizations, Environments

Figure 6 – The Four Orders of Design according to R. Buchanan (1998)

Considering these concepts by Buchanan (Figure 6), and also looking at the objectives of this study, this study can be primarily aligned with the third order of design, as it involves shaping the discourse and raising awareness about the mental health challenges faced by Ukrainian refugees (third order). While it may contribute to broader changes in mental health support for refugees (which could be framed within the characteristics of the fourth order of design), the primary focus is on designing a service proposal and raising awareness rather than directly leading large-scale policy change, and therefore does not fully fall within the fourth order of design. By framing this study within the aforementioned order, the importance of designing a service that meets the specific needs of the target population while advocating for improved mental health support at a broader level is emphasized.

### 3.3. The Four Phases of Service Design

Originally, the design of a service was considered part of the marketing and management disciplines, but it soon began to evolve and cross over into the design field. Service design is an activity that, by applying holistic research to a given problem, attempts to understand patterns within the user's interaction with the service, and therefore suggests improvements to an existing service or the creation of a new service that is focused on the needs discovered through the previous research. In this way, service design helps to make the services and the products involved in these services more adaptable to the real needs of the users.

According to a 2018 book by Stickdorn et al., Service Design has six principles:

1. **Human-Centered:** because it considers the experiences of all the people affected by the service.
2. **Collaborative:** It collaboratively engages the stakeholders throughout the design process.
3. **Iterative:** Since the process of service design is exploratory and adaptive, it iterates the solutions until they reach an optimal state for implementation.
4. **Sequential:** Since services should be visualized and constructed as a series of interrelated actions.
5. **Real:** Although a service is mostly intangible it should be displayed tangibly and realistically.
6. **Holistic:** This way of thinking is the cornerstone of service design since it makes the designer consider both tangible and intangible factors and all the touchpoints between the users and the service to optimize it.

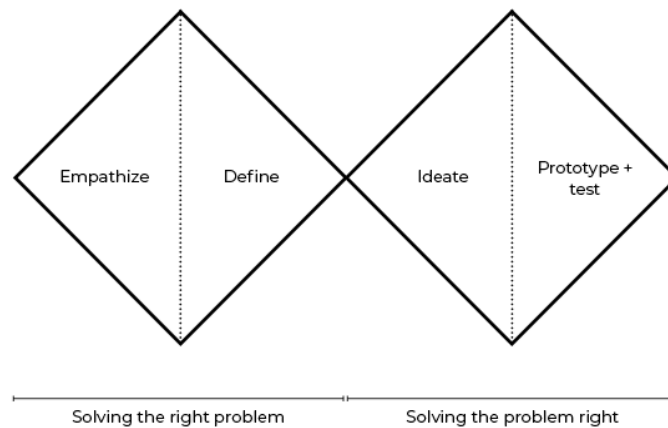


Figure 7 – The four phases of design double diamond (*What Is Service Design?* | *Koos Service Design Blog*, n.d.)

As can be seen from the image displayed above (Figure 7), Service Design has 4 key phases, that have been described by several authors.

1. **Discovery phase:** During this phase also known as the “Empathy phase”, the service designer conducts research and gathers data to understand the needs, behaviors, and pain points of the target customers or users. They may use methods such as user interviews,

surveys, observation, and data analysis to gain insights into customer preferences and expectations (Stickdorn et al., 2018). As Martin (2014) points out, this knowledge is acquired through primary research (self-collected) and secondary research (desk research from secondary sources).

2. **Definition phase:** Once sufficient data is gathered the definition phase can begin. Here, the information collected during the discovery phase is analyzed, and develops a clear and well-defined problem statement. This phase involves synthesizing the research findings and identifying the main areas that require attention and/or improvement. By utilizing convergent thinking, the designer synthesizes the research by clustering research topics, defining key insights, and formulating opportunity areas. Identifying themes allows the designer to gain a deeper understanding of the problem being solved (Kolko, 2010).
3. **Ideation phase:** In this phase, the focus shifts towards generating ideas and solutions to address the identified problems and meet the service design goals using divergent thinking. The creation/ideation process is done collaboratively and aims to generate a potential solution for the service problem. According to Brown and Katz, (2011), these ideas are then evaluated, refined, and prioritized based on their “Feasibility (what is functionally possible within the foreseeable future); viability (what is likely to become part of a sustainable business model); and desirability (what makes sense to people and for people)”.
4. **Implementation phase:** The fourth phase, known as the developing or prototyping phase, begins with taking the intangible, conceptual ideas, and making them tangible via prototyping. Prototyping doesn't have to have very complex, finalized outputs, it just needs to create something that users can interact with or that provides a good mental picture of the future service so that they can provide useful feedback (Stickdorn et al., 2018). This prototype can then be iterated several times with the feedback collected between rounds until it reaches an optimal state for implementation and final development.

## 4. METHODOLOGY

The mixed-methods research approach was chosen because it is commonly used in behavioral, health, and social science research, particularly in multidisciplinary settings that address complex societal problems.

One of the recurring limitations of this project was the sample size due to time constraints and the fact that the topic of mental health itself is still difficult to get participants to cooperate with. Therefore, using only a qualitative method would further reduce the chance of obtaining generalizable findings. The solution to this problem was to use mixed qualitative and quantitative methods. This approach helped improve the credibility of the findings and added more detail to the data analyzed. It also made the research more flexible by allowing aspects of different types of studies to be combined to refine more meaningful results.

During the literature review phase, a comprehensive review was conducted to identify existing research related to mental health challenges among refugees and their access to health-related support services. A review of academic articles, peer-reviewed journals and relevant publications was conducted to gain a broad understanding of the topic. This step set the stage for the subsequent phases and ensured that the research built on existing knowledge and best practices.

The second phase involves fieldwork and combines both qualitative and quantitative research methods. This approach provided a deeper and more nuanced understanding of the challenges faced by the target population and health professionals and allowed for the exploration of different perspectives and experiences. Primarily informal interviews were conducted with 2 health professionals from different medical specialties, a family doctor and a psychiatrist. The insights gained from these interviews led to the development of a short questionnaire to be answered by other family doctors in order to gain further understanding of the Portuguese National Health Service and the policies, or lack thereof, regarding refugees' mental health when it comes to primary health care issues.

In the third phase, semi-structured in-depth interviews, consisting mainly of open-ended and follow-up questions, were designed for 2 different stakeholder groups to further explore the topic: Ukrainian refugees and health professionals. These types of interviews were chosen for their ability to capture rich and detailed narratives, allowing participants to share their personal experiences, emotions and insights related to mental health support. The selection of participants for the interviews was purposive and diverse, aiming to include individuals from different regions, backgrounds, and experiences to capture a comprehensive range of perspectives. Each interview was audio-recorded and transcribed verbatim to facilitate thorough analysis.

During the fourth phase, a service proposal was elaborated using several tools, like service blueprinting, business model canvas and user journey map. This phase culminates with a design briefing for a prototype proposal of the digital platform, which is the primary touchpoint between the users and the service itself.

In the fifth and final phase, a carefully designed questionnaire and service pitch were developed to present and evaluate the service proposal created during this thesis. For the pitch presentation, it was also necessary to create a prototype proposal in accordance with the aforementioned design briefing, which served the sole purpose of helping the questionnaire participants visualize the service in a more tangible way. This questionnaire and service pitch were distributed to a wider range of participants, including both refugees and health professionals, in order to gather crucial data on the effectiveness and impact of the service. The questionnaire aimed to gather quantitative insights into the validity, feasibility and usability of the proposed service, ensuring a thorough evaluation of its potential impact.

In summary, this mixed-methods research approach allowed for the collection of rich insights and also collected quantitative data to support and complement the findings from the qualitative interviews.

#### **4.1. Data Collection Methods**

In the first phase, empathizing and understanding, an exploratory approach was taken. First, two informal interviews were conducted with a primary care physician, a general practitioner working in a health center belonging to the national health system, and then a psychiatrist working in a public hospital. These interviews focused more on the national health system, what its gaps were and how service design could possibly intervene there with a human-centered solution. The primary interviews led to the need for further validation of the findings, so a questionnaire was created and distributed to primary care physicians, as the focus was still on the NHS at the time.

As it became clear that further research was needed, particularly on the barriers to accessing mental health services, a second round of interviews was set up. The chosen method was in-depth semi-structured interviews. Both service providers and refugees participated in online or face-to-face interviews. All interviews were audio recorded with the consent of the interviewee. These interviews were roughly guided by a semi-structured script, with different versions written for each stakeholder segment.

The semi-structured interview with refugees included follow-up questions about their overall feelings about their experiences with the public health system in Portugal, as well as their perceptions of mental health issues and mental health care, the barriers they felt they faced, and what would make their experience better. Most of the interviews were conducted in English, with one exception, which was conducted in Portuguese most of the time, but also with the help of a mobile app for translation from Russian to Portuguese and vice versa.

As for the semi-structured interviews with health care providers, they included follow-up questions about their knowledge of how the services they integrate are organized, what they feel is missing and could be improved, and what is being done well. The discussion also extended to their perceptions of mental health care in refugee communities from a clinical perspective, what barriers and facilitators currently exist, and what could be done to improve services and the experience of both patients and clinicians.

The development and implementation of the final questionnaire served as a fundamental tool to validate the service design proposal made based on the research findings and exploration. The

questionnaire was designed to gain valuable insights from the participants and ensure the credibility and validity of the proposal, as well as gain insights into what could be iterated on the project for future reference and work.

## **4.2. Data Analysis Techniques**

In order to conduct a comprehensive analysis of the research data, a mixed-methods approach was used, combining both qualitative and quantitative data. Qualitative data were collected through in-depth interviews with Ukrainian refugees and health care professionals, as described in the previous section. At the same time, quantitative data were collected through two questionnaires - the first exploratory questionnaire and the last final questionnaire used to validate the service proposal.

Both quantitative and qualitative data analysis was conducted for the exploratory questionnaire and informal interviews, which aimed to gain initial insights into the mental health challenges faced by Ukrainian refugees and the gaps in access to mental health support, focusing on the Portuguese National Health Service. This preliminary analysis helped to validate the insight into the existing gaps in the NHS and guided the development of the subsequent in-depth interviews.

In order to conduct a qualitative analysis of the interviews, the first step was to obtain transcriptions of all the recorded interviews. This was done using Happy Scribe ([happyscribe.com](https://happyscribe.com)), an audio transcription tool that supports multiple languages, including English and Portuguese. The next stage of analysis involved semantic coding and organization of the data. To facilitate this process, Atlas.ti ([atlasti.com](https://atlasti.com)), a qualitative data analysis software, was used. First, a set of holistic codes was developed in accordance with the research objectives. These codes were then painstakingly applied to the interview transcripts using the Atlas.ti application. At the same time, the Artificial Intelligence feature of the tool was used to compare and contrast the manually defined codes with the AI-generated codes, allowing for cross-validation and further insights. After comparing and contrasting the AI-generated codes with the manually defined codes, the refined and selected codes were organized into six distinct groups, namely Barriers, Solutions, Initiative Types, Channels, and Healthcare Services Used. This

categorization facilitated a systematic exploration of the interview data and allowed for the identification of recurring themes and patterns in the responses. The qualitative analysis approach was primarily deductive, with a codebook developed based on the research objectives to guide the coding process and maintain consistency in data interpretation. The application of codes to the interview transcripts enabled the identification of key findings related to the challenges and needs of Ukrainian refugees for mental health support.

The final questionnaire was designed to validate the service proposal and assess its effectiveness and suitability, and included Likert scales, multiple choice responses, and open-ended questions. The quantitative data from the Likert scale and multiple-choice questions provided a numerical measure of the participants' satisfaction and agreement levels, while the qualitative data from the open-ended questions provided deeper insights into their perceptions. For this analysis, after extracting the data in .xls format from the Jotform platform ([eu.jotform.com](https://eu.jotform.com)) where the survey was hosted, the chosen program to organize and analyze the data obtained was Microsoft Excel. Features such as dynamic tables and the creation of charts were used to visualize the data more clearly, make it more tangible, easier to cluster and analyze by comparing and contrasting the results obtained according to different variables such as stakeholder group and ethnographic data such as gender and age. By combining qualitative and quantitative data analysis, a more comprehensive understanding of the mental health support needs and the service proposal's impact was achieved. The integration of both data sources provided a nuanced perspective, strengthening the validity and reliability of the research findings.

It is essential to note that, due to the limited sample size, the results obtained may be subject to some level of bias. Nevertheless, the combination of qualitative and quantitative data helped enhance the robustness of the overall research outcomes. Throughout the data analysis, ethical considerations were diligently observed to ensure the confidentiality and anonymity of the participants. Informed consent was obtained from all interviewees, and measures were taken to protect their identities throughout the reporting process.

Integrating the qualitative findings from the in-depth interviews with the quantitative findings from the questionnaires allowed for a holistic examination of the mental health support landscape

for Ukrainian refugees in Portugal. This informed the subsequent stages of the service design process, ensuring a comprehensive and well-informed service proposal that addresses the specific challenges and aspirations of the target population.

## 5. SERVICE DESIGN PROCESS

### 5.1. Empathize: Understanding Refugees' and Healthcare Professionals' Perspectives

The Empathize phase unfolds as a vital cornerstone of the research, delving into the profound intricacies of the mental health challenges faced by Ukrainian refugees residing in Portugal. Additionally, the perspectives of healthcare professionals, particularly Family Doctors, Psychiatrists, and Psychologists, who play a crucial role in providing support to this vulnerable population, were explored.

This phase entails a comprehensive approach to understanding the diverse experiences, needs, and aspirations of both stakeholder groups. These stakeholder groups were firstly defined with the help of an ecosystem map based on desk research and the, previously described, literature phase. On this map (Figure 8), we can see a synthetic representation of all the key roles that influence what was defined as our primary users (Ukrainian citizens living in Portugal with refugee/temporary protection status).

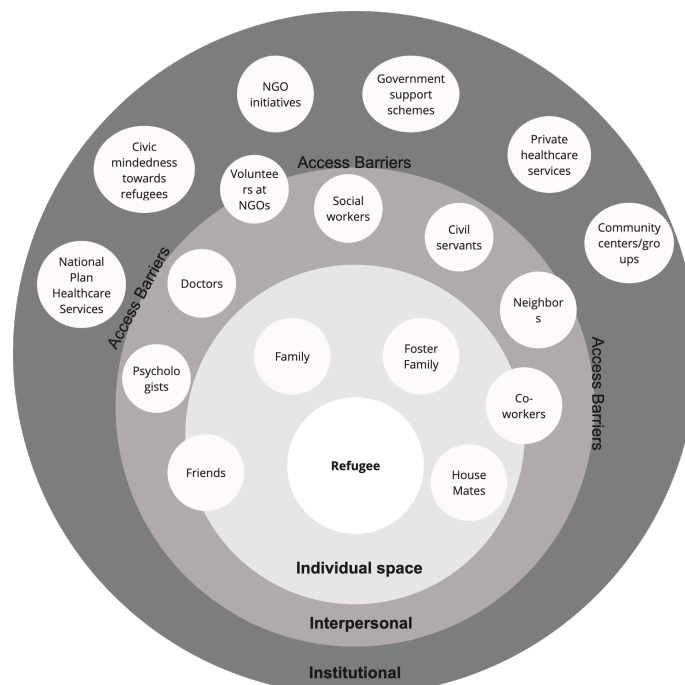


Figure 8 – Refugees accessibility to mental healthcare ecosystem

By employing a range of interview and questionnaire protocols tailored to the specific characteristics of each group, a journey of empathic exploration was carried on, striving to unearth valuable insights that lay the groundwork for a human-centered and targeted mental health support service.

*5.1.1. Primary phase: Informal Interviews, Questionnaire Design, and Distribution  
(focusing on gaps in the National Health Service)*

In the initial approach, considering the insights gathered from the previous literature review and focusing on the original hypothesis concerning the potential application of a service design methodology to the Portuguese National Health Service, two preliminary informal and unstructured interviews were conducted. The interviewees included a primary care/family doctor (General Practitioner) and a psychiatrist, representing diverse fields of medicine.

These informal interviews aimed to gain preliminary insights into the challenges Ukrainian refugees face in accessing mental health support within the National Health Service. These interviews were conducted with general practitioners and other healthcare professionals to gather their perspectives on the existing barriers and gaps in mental health service provision for this vulnerable population. As these were informal, unstructured interviews, there was no pre-written script or guidelines. Inspired by the previous desk research and literature review, the approach to the interview moments was to explain the findings on the topic at hand and discuss them with these professionals in an exploratory manner.

Taking into account the information provided by the two doctors interviewed, and in order to better understand the current user journey of war refugees from Ukraine in the National Health System regarding mental health conditions, a structured questionnaire was designed and distributed to family doctors (General Practitioners - GP) working in different ACES - Agrupamentos de Centros de Saúde (Health Centre Groups). The aim was to gather quantitative data on their experiences and perceptions of the mental health support offered to Ukrainian refugees, with a particular focus on the gaps and limitations of the current system.

### *5.1.2. Secondary phase: In-depth Interviews (related to mental health support challenges and gaps)*

In-depth semi-structured interviews were conducted to learn more about stakeholders' specific expectations, experiences, services, processes, concerns and hopes, as well as attitudes, problems, needs, ideas, or environments. This type of interview was chosen instead of a focus group because the participants spoke different languages and were not completely comfortable speaking in English. It was also felt that participants (especially refugee stakeholders) might be less willing to share such visions and experiences in a more public setting such as a focus group. Also, because they all came from different backgrounds, it was more interesting to understand individual pain points (rather than a group vision), hopes and goals, and then compare the findings of each interviewee to draw conclusions.

As mentioned earlier, the main stakeholders of this project are war refugees (specifically Ukrainian citizens), general practitioners and psychologists. The main focus of gathering information from war refugees was to understand the main barriers and facilitators they experienced in accessing mental health services in Portugal, as well as their perspectives on the process of moving to the country. On the other hand, the clinicians interviewed were asked about the barriers and facilitators from the perspective of service providers, including their feelings about the sudden increase in the number of patients and the resulting workload. For the purposes of this study, refugees were considered the primary users and clinicians the secondary users of the future service proposal.

The question guide for the semi-structured interviews is included in Appendix 2 (page 129) of this document. Each segment of stakeholders had a different set of questions and follow-up questions with different methods of setting up the interviews. For example, when interviewing refugees, one of the first questions was always about when they came to Portugal and how they adapted to the country, while for the psychologists associated with different initiatives, the first questions were always about the initiative they belonged to, how it worked and its objectives.

#### *5.1.2.1. Primary users (refugees) recruitment procedures*

The recruitment of new refugees was done through face-to-face meetings during one of the peace rallies that took place in Rossio Square in Lisbon on April 22, 2023. After meeting a few people who were willing to participate in the interview, and who also helped to spread the word about the research through their private circles, four Ukrainian women of different backgrounds and ages were recruited for the interview phase. Inclusion criteria for this group of participants were to live in Portugal, to speak English or Portuguese, and to have moved to the country after the start of the war in February 2022.

#### *5.1.2.2. Secondary users (psychologists and medical doctors) recruitment procedures*

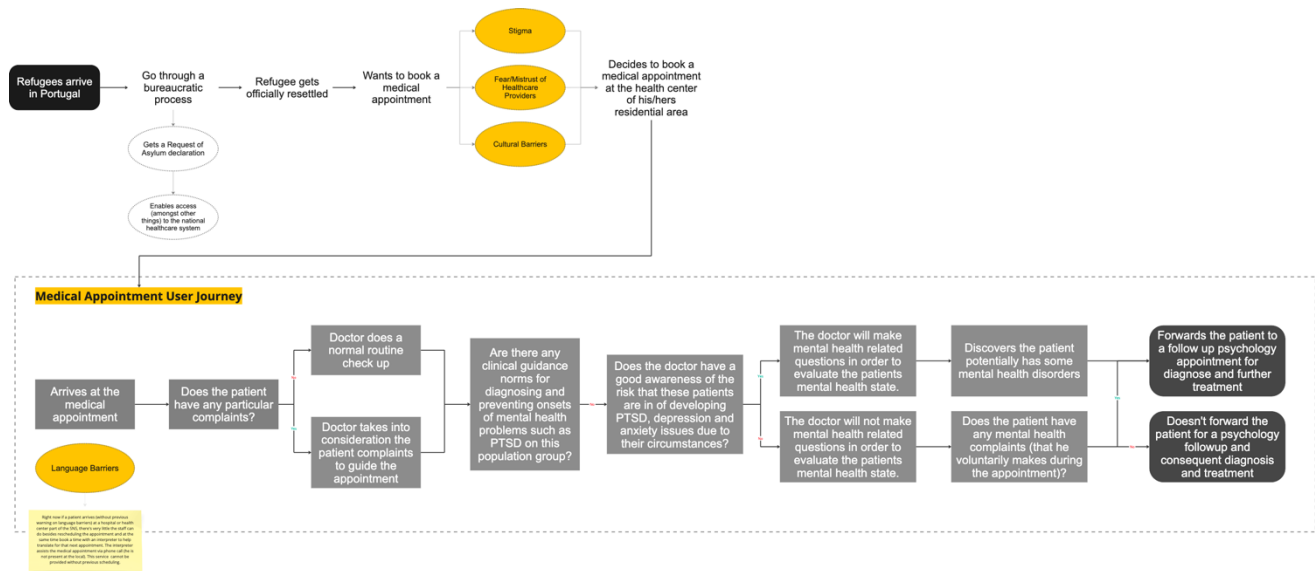
To recruit service providers, the first approach was to conduct a brief online search for active mental health care initiatives for refugees or non-Portuguese speakers using the Google search engine. The initiatives found were mostly mentioned in online news articles (either from mainstream or local newspapers), some were mentioned in NGO websites, and only a few had a dedicated website. After identifying the main initiatives, contact was made by e-mail and 2 psychologists involved in different initiatives agreed to participate in an interview. Regarding the family doctors needed for this phase, contact was made with the first doctor who had already been interviewed in the exploratory interview phase of this project. In the end, 2 psychologists and one family doctor were interviewed. The inclusion criteria for this group was to have had interaction within their professions with Ukrainian war refugees or any other type and nationality of refugee.

## **5.2. Define: Identifying Mental Health Support Needs**

### *5.2.1. Insights from the informal interviews and primary questionnaire*

Due to Portugal's history as a host country for refugees and displaced persons, it already has some laws in place that allow these people access to many public services, such as the National Health Service (SNS - Serviço Nacional de Saúde).

Currently, Ukrainian refugees have full access to the National Health System and, after 6 months of permanence in the country, they are entitled to be assigned a family doctor belonging to the medical center of their residential area, as can be seen from the Portuguese legislation on the international protection status for refugees from Ukraine, promulgated in March 2022, and the informative norms on granting access to the NHS to holders of international protection status of the General Health Administration (DGS - Direção Geral de Saúde), in place since May 2016. However, when it comes to preventive measures for mental health problems there are, at the moment, none in place, a fact revealed after an informal conversation with a Family Doctor, from a health center in Vila Nova de Gaia. Since there are no mandatory screening procedures to assess the mental health of refugees entering the country and consequently diagnose possible cases of PTSD or other common mental health issues such as anxiety and depression, this assessment ends up being postponed until either a person decides to go to a doctor's appointment for any other medical reason, or actually starts experiencing a strong symptomatology typical to one of the mental health issues mentioned above and ends up in the emergency room of a hospital in a more severe or even critical condition. During the appointment scheduled at any health center the family doctor in question may, via normal diagnosis practices, find reasons to believe that the patient may have some mental health disorders, thus redirecting that person to a psychology follow-up appointment and possible diagnosis and treatment of those disorders. Other possibility is that the person voluntarily feels the need to search for psychological help and reaches out to a doctor or tries to contact a helpline for such cases. Once a diagnosis such as PTSD is made, the patient may be referred for treatment with a specialist. The journey map shown below in Figure 9 was created to represent the patient journey described in this paragraph, taking into account the information gathered through the interviews and questionnaires with primary care physicians described earlier.



**Figure 9 – [Refugee user journey for possible diagnosis and treatment of PTSD or other mental health disorders including access barriers](#)**

(click on the link to view the full size version)

Such at-risk groups, consisting of war refugees with a higher likelihood of developing PTSD, depression, and anxiety disorders, would benefit from participation in psychosocial interventions, as explained by a practicing psychiatrist during an informal, exploratory interview during the initial phase of this research. Currently, there is no policy or initiative in place to make access to this type of therapy easier, more fluid, and responsive to the needs of these groups.

### 5.2.2. *Insights from the in-depth semi-structured interviews*

Using a semantic coding tool called Atlas.ti, a comprehensive and visually informative tree map was created that encompassed all the valuable insights meticulously highlighted during the interview analysis process regarding the frequency with which each concept was mentioned/approached during the interviews with the 7 interviewees. The creation of a tree map was intended to provide a holistic view of the topic at hand, making it easier to grasp the interconnectedness of the various themes and patterns that emerged from the interviews. Looking at the graphic below (Figure 10), it is possible to navigate through the rich landscape of the interview data and gain valuable perspectives on the participants' thoughts, opinions, and experiences, as well as the major trends/themes of the interviews, which ultimately contribute to the overall rigor and validity of the research findings.

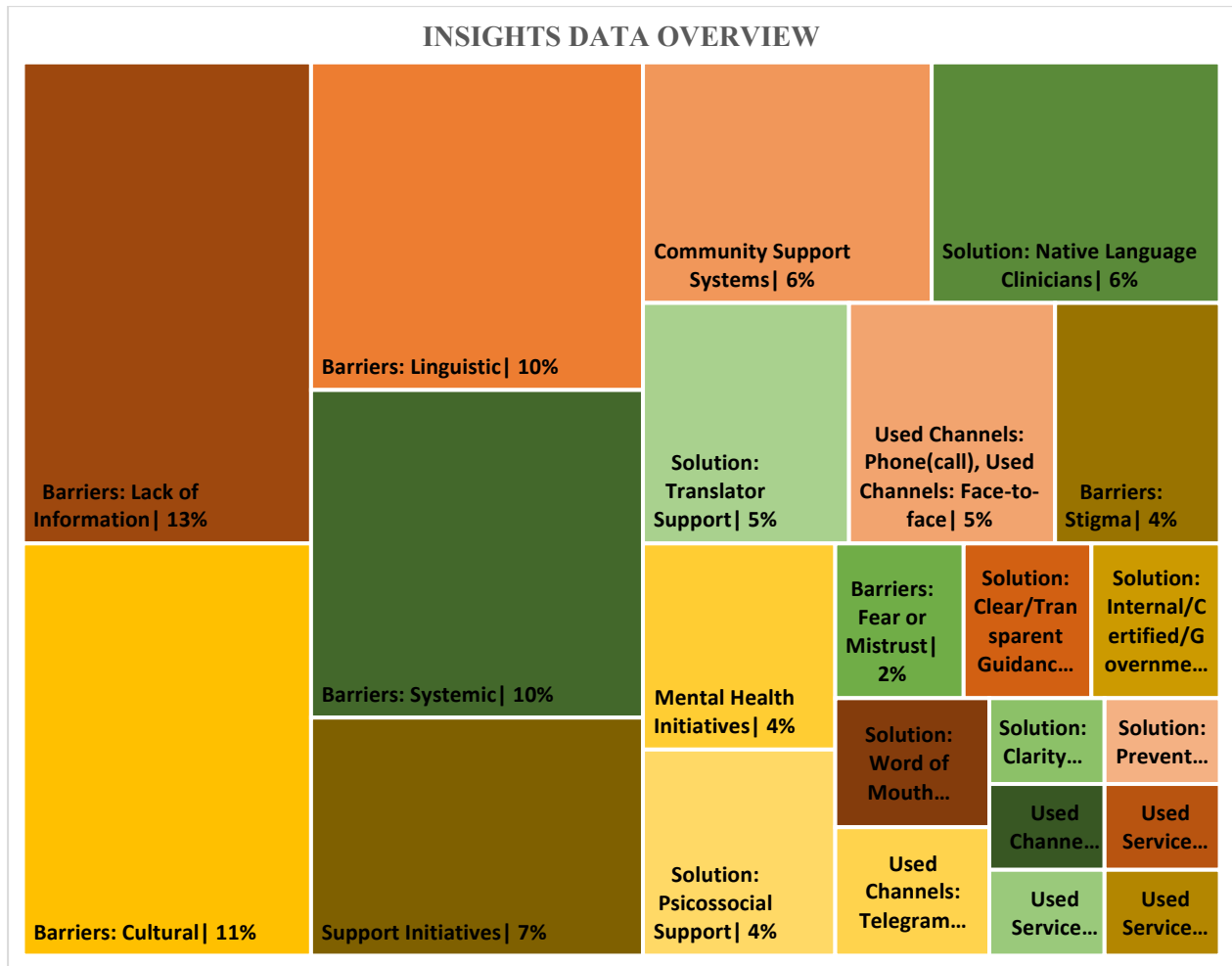


Figure 10 – Overview of the in-depth semi-structured interviews data of both refugees and healthcare stakeholders

As mentioned above, the data provided presents a breakdown of various concepts and conversation trends/themes related to the respondents' mental health experiences in Portugal, such as barriers, potential solutions, most used or preferred methods of communication/connection, and types of support initiatives. Community support systems were mentioned 6% of the times, indicating the existence of local initiatives addressing mental health challenges within settled refugee communities. Various known active support initiatives (such as help/SOS hotlines, voluntary support groups, NGOs with mental health projects) were mentioned 7% of the times, highlighting the existence of various efforts to support individuals facing mental health challenges, but they were mainly mentioned by the health actors participating in these interviews. In terms of commonly used communication/connection channels, a combination of phone calls and face-to-face interactions were mentioned 5% of the times. Telegram groups or

other instant messaging platforms were mentioned 2% of the times as being used to communicate within communities and share information. In terms of accessing mental health services, emergency rooms, health centers, and private clinics were each mentioned 1% of the times as places where individuals sought help for their mental health problems. These services serve as essential resources for individuals seeking professional help in times of need.

Among the barriers identified, language barriers were mentioned 10% of the times, indicating challenges in communicating effectively or accessing mental health services due to language differences. Cultural factors, mentioned 11% of the times, are seen as a barrier to seeking or accepting mental health support, while fear or mistrust was mentioned as a barrier in 2% of the times. In addition, lack of information about mental health services was mentioned 13% of the times as a barrier to seeking help. Stigma was mentioned 4% of the times, indicating the potential deterrent effect it could have on seeking mental health support. Systemic factors were mentioned 10% of the times, suggesting that problems within the health care system could affect access to mental health services. This was a pivotal moment in the direction of the service proposal, as it highlighted a major barrier affecting both stakeholders, clinicians and refugees. The issue that stood out, as can be seen below in Figure 11, against what was the initial prediction/hypothesis, was the lack of information that significantly impacted access to any type of mental health support available throughout the country.

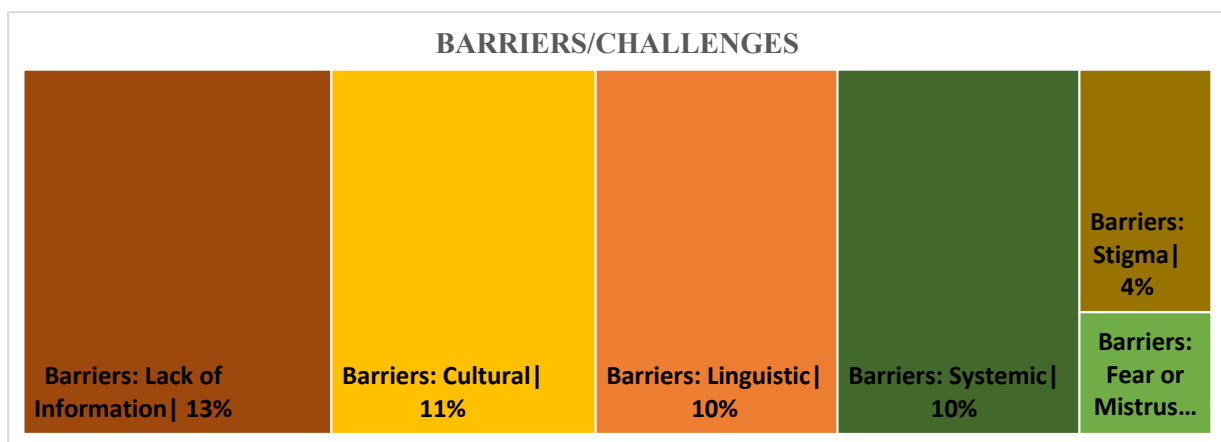


Figure 11 – Barriers/challenges mapped after in-depth semi-structured interviews to both refugees and healthcare stakeholders

To address the challenges/barriers, 8 initiatives/ideas were listed as potential solutions by the interviewed population, as can be seen in Figure 12.

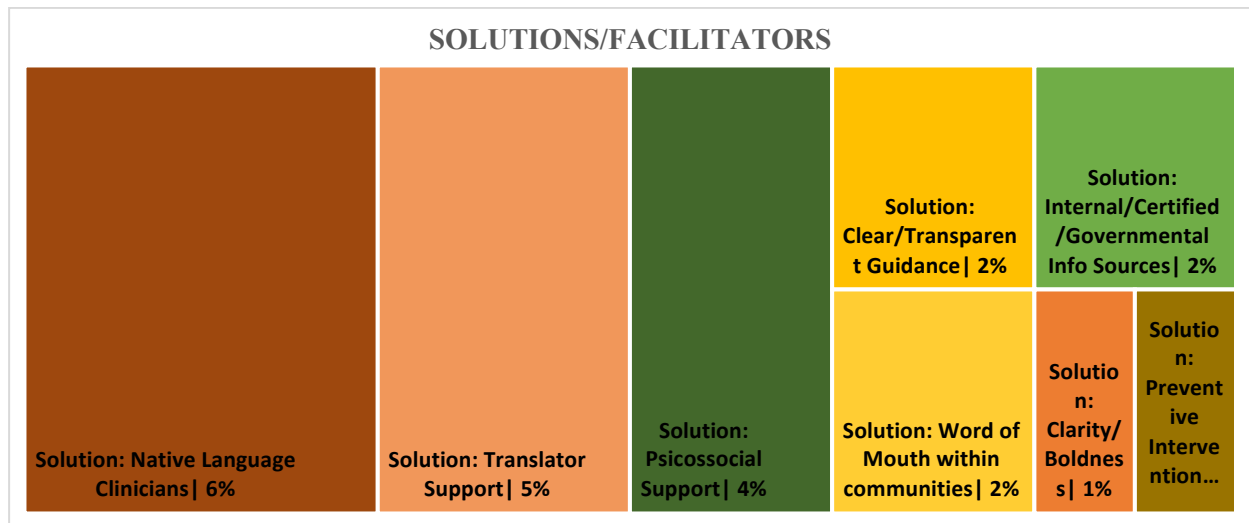


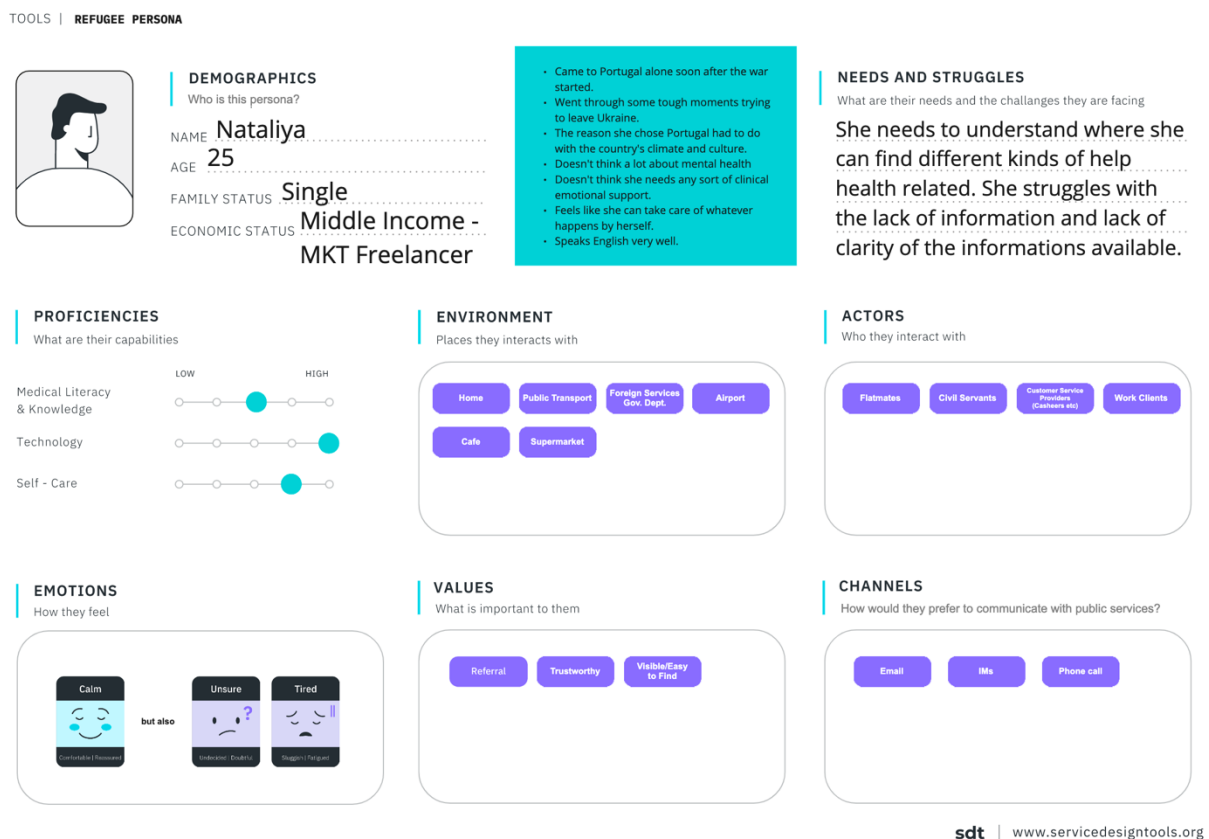
Figure 12 – Solutions/Facilitators mapped after in-depth semi-structured interviews to both refugees and healthcare stakeholders

These suggestions could serve to reduce the barriers and provide support for people with mental health problems and increase the accessibility of mental health services. Some of the suggested solutions include using bold and clear approaches (1% of the times), providing transparent guidance (2% of the times), employing native language clinicians (6% of the times), implementing preventive interventions, and offering psychosocial support (1% of the times). In addition, support for translators was mentioned 5% of the times as a means of bridging language gaps, and word-of-mouth communication within communities was mentioned 2% of the times as a means of spreading awareness.

### 5.2.1. Personas

According to the Interaction Design Foundation ([IxDF](https://www.interaction-design.org/)), personas are a fictional character, based on previously made research, created with the objective of understanding how the targeted users of a product or service think and act when interacting with the that product or service. Personas make the ideation and creation process less complex, ultimately helping achieve the goal of creating a good user experience.

The personas presented below were created during an evocative phase following analysis of the qualitative data collected from the semi-structured in-depth interviews with stakeholders. Three hypotheses for evidence-based personas were formulated for the refugee stakeholders and two for the clinician stakeholders. These personas were created considering some characteristics of the interviewed stakeholders from the previous phase, as well as characteristics selected from some of the articles read during the literature review and desk research phases (mainly by reading news articles with first-person accounts of refugees arriving in Portugal).



**Figure 13 – Refugee persona 1: Nataliya, 25 years old**  
(click on the link to view the full size version)

Nataliya (Figure 13) arrived in Portugal alone shortly after the start of the war in Ukraine and faced challenging moments during her journey to leave her home country. Her decision to come to Portugal was influenced by the country's favorable climate and rich culture. Nataliya doesn't give much thought to her mental health and believes she can handle any challenges that come her way on her own, without the need for clinical emotional support. She is fluent in English, but

struggles to find clear and accessible information about the various health-related support services in Portugal, which is a source of frustration for her. Elena is determined to understand where she can access different types of health support as she navigates her new life in Portugal.

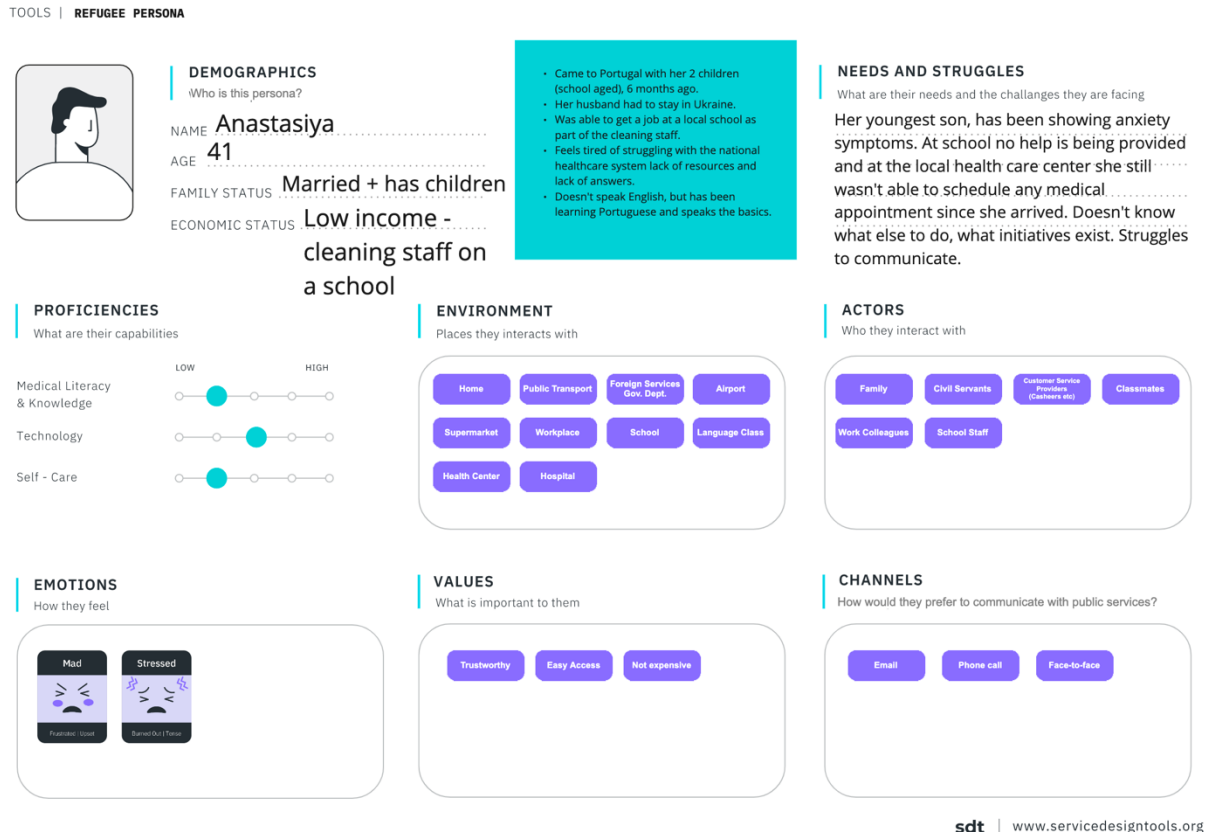
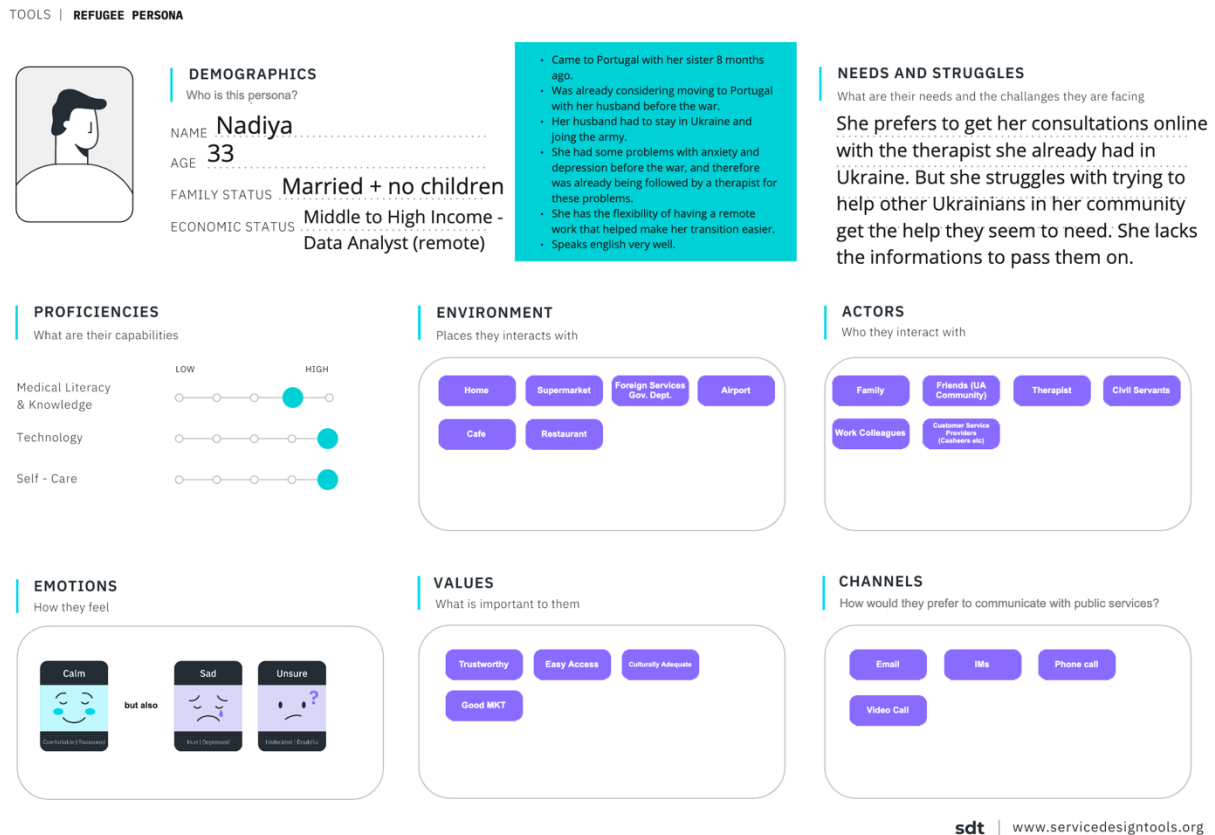


Figure 14 – Refugee persona 2: Anastasiya, 41 years old  
(click on the link to view the full size version)

Anastasiya (Figure 14) arrived in Portugal six months ago with her two school-age children, leaving her husband behind in Ukraine. She managed to find a job as part of the cleaning staff at a local school to support her family. However, she has grown tired of dealing with the limited resources and lack of clear guidance in the national health system. Determined to integrate into Portuguese society, Anastasiya has been diligently learning the basics of the Portuguese language, although she's not yet fluent. Her youngest son has shown symptoms of anxiety, but she's struggled to find help. The school hasn't offered any support, and she hasn't been able to get a medical appointment at the local health center since she arrived. Anastasiya feels lost and struggles to communicate effectively because she does not know what initiatives or resources are

available to support her family's health needs.

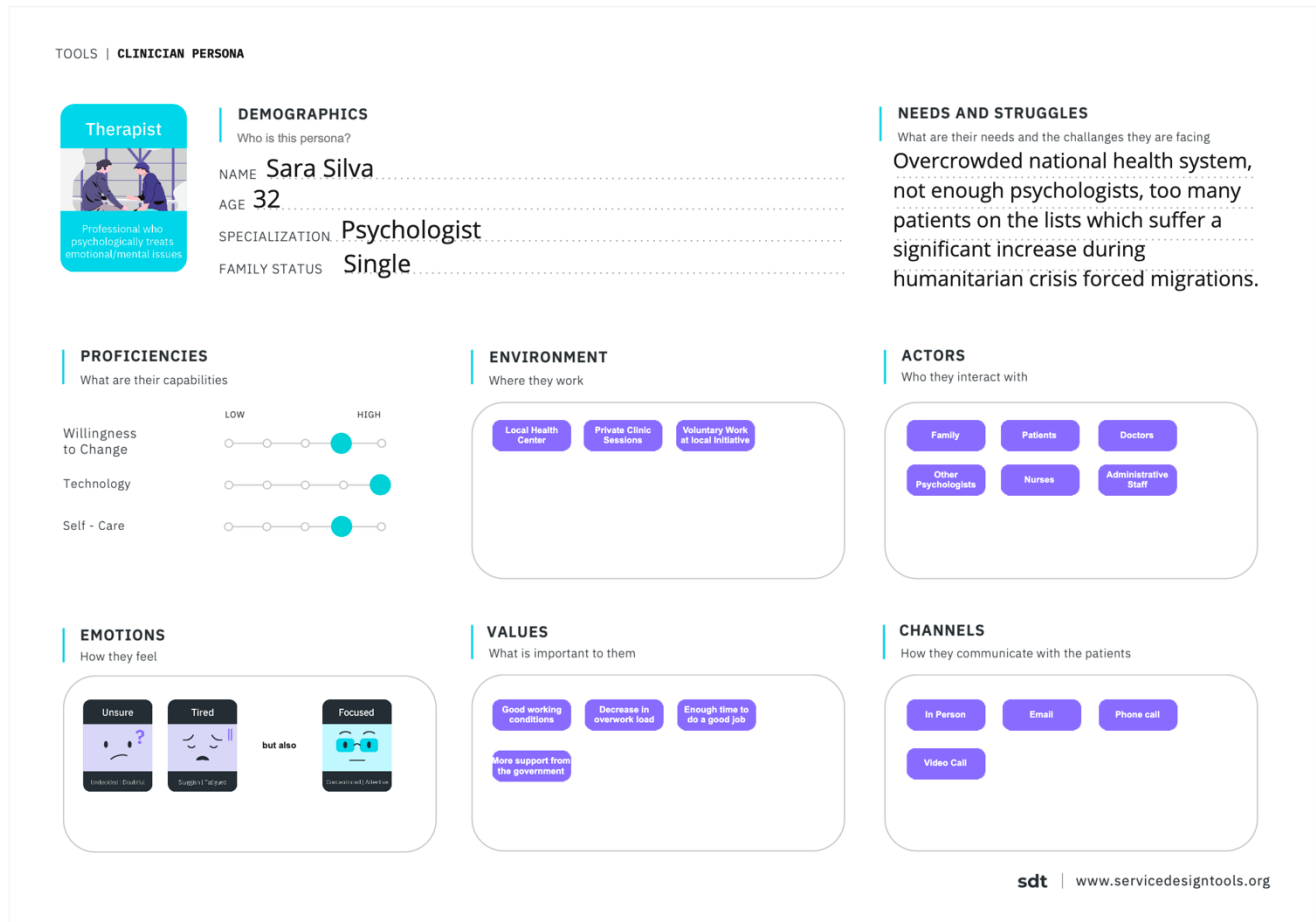


**Figure 15 – Refugee persona 3: Nadiya, 33 years old**  
(click on the link to view the full size version)

Nadyia (Figure 15) and her sister arrived in Portugal 8 months ago, driven by their long-standing desire to move to the country with Natalia's husband, who unfortunately had to stay in Ukraine and join the army because of the war. Before the war, Nadyia had been struggling with anxiety and depression and was already seeing a therapist for these issues. Nadyia is fortunate to have a remote job that allows her flexibility, making her transition to Portugal a little smoother. Her knowledge of English has also been an asset in this process. She prefers to continue her therapy online with her therapist from Ukraine, but she faces a challenge in helping other Ukrainians in her community access the support they seem to need. Nadyia lacks the information necessary to direct them to appropriate resources and support, which is a source of frustration for her.

Since only Ukrainian women agreed to participate in the interview phase (this is also due to the fact that many Ukrainian men had to stay in the country and join the army according to the laws

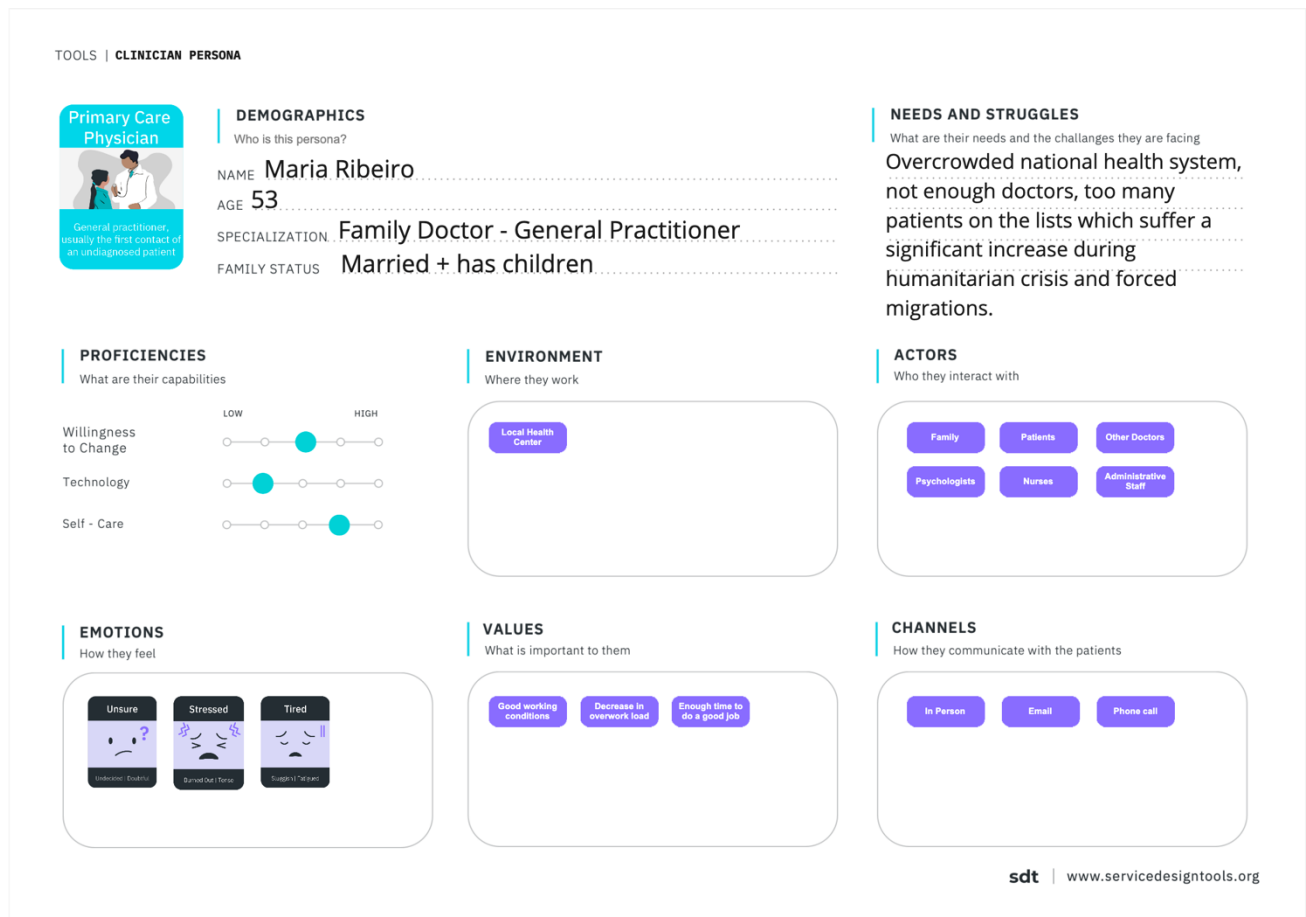
enacted since the beginning of the war), and therefore there are more adult women leaving the country than adult men (data confirmed by the latest UNHCR report on the Intentions and Perspectives of Refugees from Ukraine), the three personas created were all women and shared some loosely based characteristics with the interviewees from the previous phase, such as their economic status or some personality traits.



**Figure 16 – Clinician persona 1: Sara Silva, Psychologist, 32 years old**  
(click on the link to view the full size version)

Sara Silva (Figure 16) is a dedicated psychologist working in a challenging environment. She works in an overburdened national health system that struggles to provide adequate mental health care due to a shortage of psychologists and a growing number of patients, a situation that is exacerbated during humanitarian crises and forced migrations. Despite the daunting circumstances, Sara is committed to helping those in need, striving to make a difference in the

lives of her patients and advocating for improved mental health services.



**Figure 17 – Clinician persona 2: Sara Silva, Psychologist, 32 years old**  
(click on the link to view the full size version)

Maria Ribeiro (Figure 17) is a dedicated family doctor working in a challenging healthcare environment. She works in an overburdened national health system that faces a severe shortage of doctors, resulting in long waiting lists for patients. These challenges are exacerbated during humanitarian crises and forced migrations when demand for health care skyrockets. Despite these obstacles, Maria remains committed to providing quality healthcare to her patients, working tirelessly to meet their medical needs, and advocating for improvements in the healthcare system to better serve the community.

As for the health professional personas, it was decided that similar to the contacts made previously during the interviews and primary questionnaires phases, one of the personas would be a family doctor/general practitioner and the other would be a psychologist. Since most of the

population interviewed or questioned during these phases were also women, the 2 personas were also portrayed as women to maintain consistency.

### 5.2.2. Stakeholders map

According to IxDF, a stakeholder map is a “visual or physical representation of the various individuals and groups involved in a particular challenge or system”. Once the main user for the service was defined, it was necessary to create a stakeholder map to outline and understand everyone who's either involved in or affected by the service.

Still taking into consideration the evidence gathered during the interviews, literature review and research phases, and as part of this evocative phase, a stakeholder map was designed around the primary user, the refugee, to gain an in-depth understanding of the intricate network of individuals and entities within the spectrum of mental health support services.

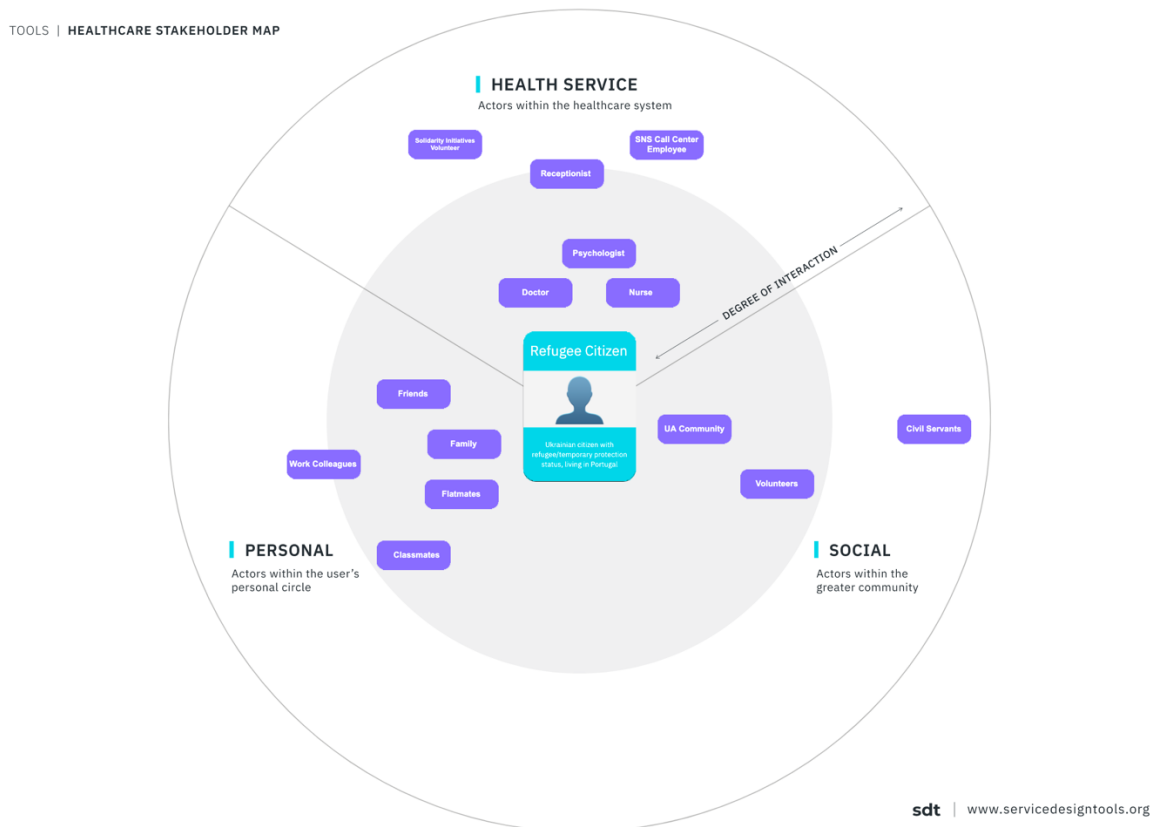


Figure 18 – [Evidence based stakeholder map, centered on the primary user](#)

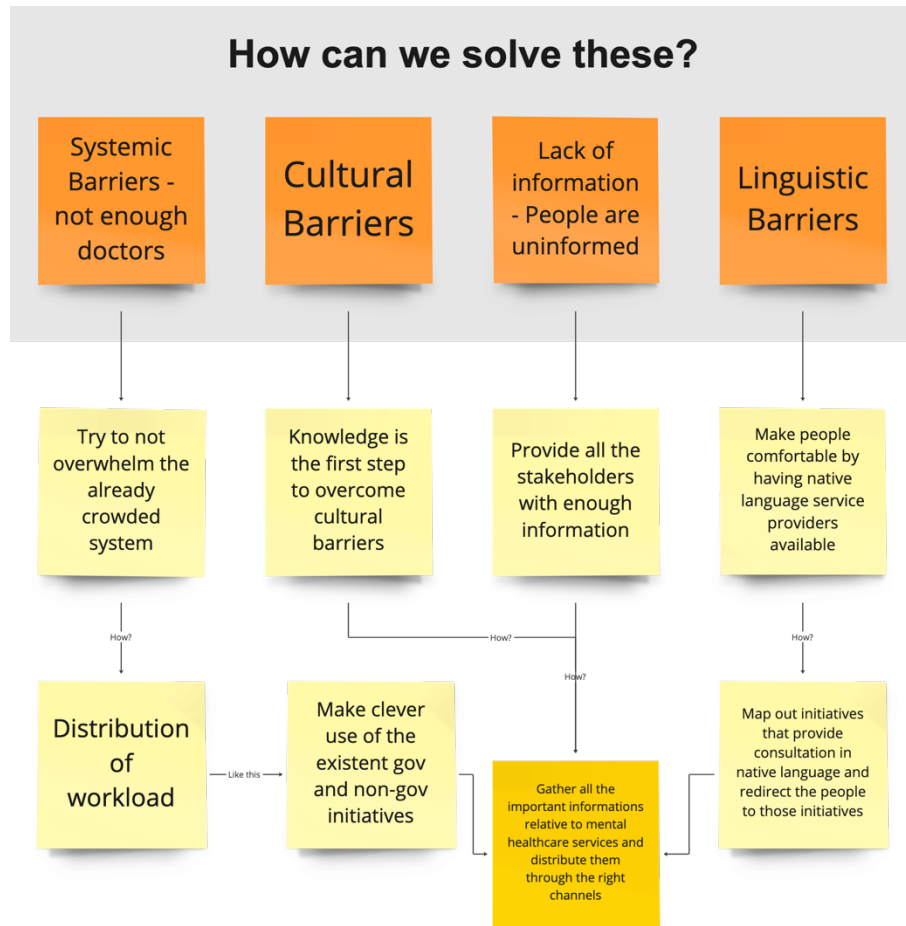
(click on the link to view the full size version)

This map facilitated a holistic perspective, delineating the roles of different actors and their dynamic relationships with the primary user, the refugees. It included health professionals such as family doctors, psychiatrists, and psychologists, as well as other key actors such as social workers, NGOs, community organizations, and also actors within the users' own personal circle. By identifying stakeholders and their specific contributions, challenges and responsibilities, the map provided essential insights into the broader ecosystem in which a mental health support service can operate. This comprehensive assessment informed subsequent stages of the service design process, ensuring a nuanced approach that took into account the perspectives and contributions of all stakeholders.

### **5.3. Ideate: Generating Service Proposals**

#### *5.3.1. "How can we solve this problem?"*

A creative and data-driven journey was undertaken to generate service proposals aimed at addressing the mental health challenges identified during the empathize and analyze phases. Although stakeholders were not directly involved in the ideation phase, valuable insights from the analyzed data derived from in-depth semi-structured interviews with the two main stakeholder groups for this project, healthcare professionals and Ukrainian refugees, served as the knowledge base for this ideation. After breaking down the data from the tree maps presented in the previous chapter (Figures 10 to 12), the approach taken was to identify what seemed to be the most pressing barriers to accessing mental health services and ask a guiding question "How can we solve these (problems)?" and from that point, while looking at the solution proposals also made during the interview phase by both groups, connections were drawn between the solutions generated for each problem until they all converged to a common point, a common solution that encompassed the four main problems highlighted during this time. The mind map shown in Figure 20 below helps to visualize how the insights from these interviews were connected and how they can be related to each other.



**Figure 19 – Mind map of hypothesis to solve the main barriers of mental health accessibility**

First, "How can we solve these (problems)?" was asked for each of the barriers: Systemic barriers (not enough doctors); Cultural barriers; Lack of information (people are largely uninformed); Language barriers. A first round of possible answers was then given, mostly based on the information gathered so far in the project, but also using some creative thinking. Then a new round of "How (can we do this/do we achieve this?)" questions were asked for each of the previously generated solutions, and a new layer of answers with more details was generated and written down. At this stage, it was found that all the main perceived barriers could be addressed by collecting, validating and effectively disseminating key information related to mental health services. The key approach was to centralize and distribute this information through appropriate channels to reach the intended target groups and communities. At this point, it was also taken into consideration that during the interviews, it was mentioned by some of the refugee interviewees that they regularly used online and digital platforms to search for necessary information about

their stay in Portugal, therefore it became apparent that a digital solution to centralize and distribute information would be the most efficient option, especially since they mentioned that the platforms and sources available online were scarce and not informative enough.

Using a tool such as the Service Design Scorecard (Figure 21), from the [Service Design Toolkits](#), helped define several important points for this service such as: Strategic Value, Desirability, Viability, and Feasibility.

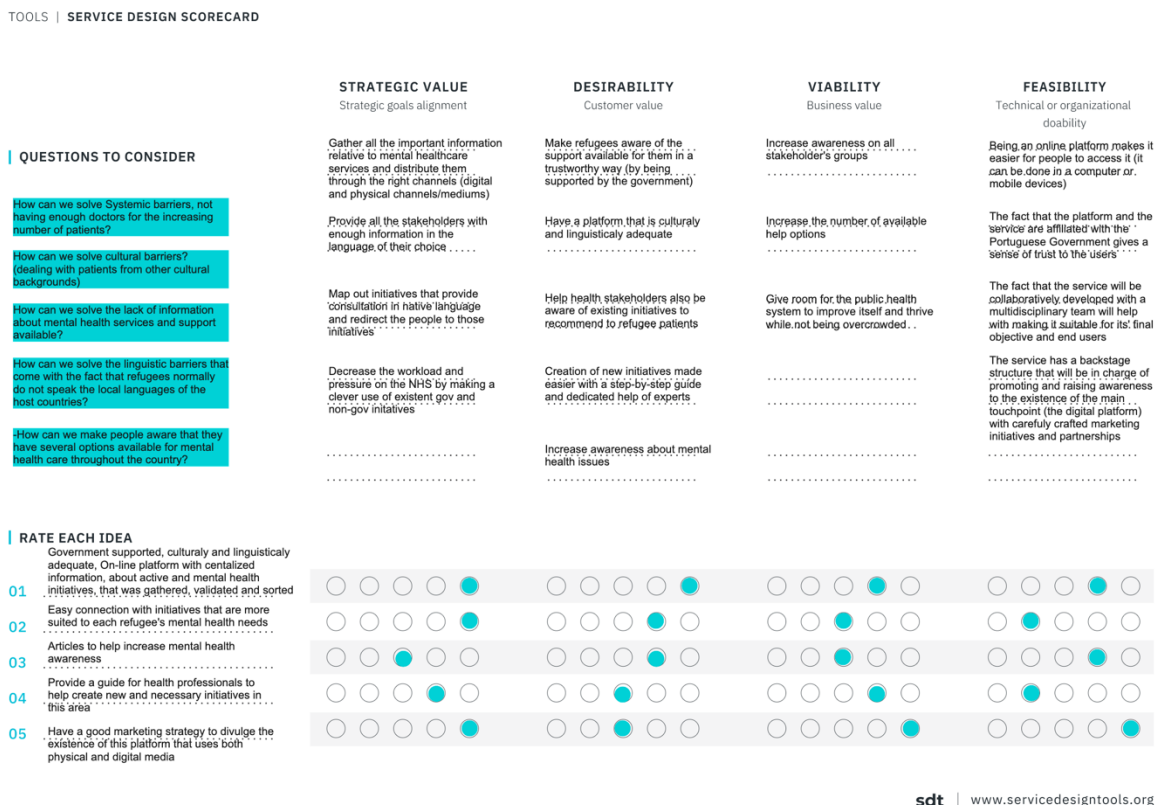


Figure 20 – Service Design Scorecard  
(click on the link to view the full size version)

**Questions to consider:**

- How can we solve Systemic barriers, not having enough doctors for the increasing number of patients?
- How can we solve cultural barriers? (dealing with patients from other cultural backgrounds)

- How can we solve the lack of information about mental health services and support available?
- How can we solve the linguistic barriers that come with the fact that refugees normally do not speak the local languages of the host countries?
- How can we make people aware that they have several options available for mental health care throughout the country?

***Value proposals to answer the questions placed before:***

- Strategic Value:
  - o Gather all the important information relative to mental healthcare services and distribute them through the right channels (digital and physical channels/mediums)
  - o Provide all the stakeholders with enough information in the language of their choice
  - o Map out initiatives that provide consultation in native language and redirect the people to those initiatives
  - o Decrease the workload and pressure on the NHS by making a clever use of existent gov and non-gov initiatives
- Desirability:
  - o Make refugees aware of the support available for them in a trustworthy way (by being supported by the government)
  - o Help health stakeholders also be aware of existing initiatives to recommend to refugee patients
  - o Creation of new initiatives made easier with a step-by-step guide and dedicated help of experts
  - o Increase awareness about mental health issues
- Viability:
  - o Increase awareness on all stakeholder's groups
  - o Increase the number of available help options

- Give room for the public health system to improve itself and thrive while not being overcrowded
- Feasibility:
  - Being an online platform makes it easier for people to access it (it can be done in a computer or mobile devices)
  - The fact that the platform and the service are affiliated with the Portuguese Government gives a sense of trust to the users
  - The fact that the service will be collaboratively developed with a multidisciplinary team will help with making it suitable for its' final objective and end users
  - The service has a backstage structure that will be in charge of promoting and raising awareness to the existence of the main touchpoint (the digital platform) with carefully crafted marketing initiatives and partnerships

From this scorecard it is noticeable that the value proposals made to help solve the barriers highlighted in the “questions to be considered” part, are well balanced across the three fields of analysis (desirability, viability, and feasibility).

### *5.3.2. Benchmarking*

With the proposed service solution in mind, a round of benchmarking was carried out to evaluate the existing solutions on the market that had similar characteristics to those previously described. Within this research, two platforms were identified that were consistent with the concept of an integrated/centralized information service: “We Help Ukraine” and “#somostodosucrania”. The metrics used to choose these two platforms were:

- The platforms were directly linked with the Ukrainian Refugee situation;
- The platforms offered the users valid information to help them navigate their settlement in the country;
- The platforms provided a free public service;
- The platforms were widely mentioned by the media.

The “We Help Ukraine” platform emerged from the initiative of a Portuguese group, aiming to streamline assistance between those seeking help and those willing to provide it. Within just 48 hours of the onset of the Ukrainian conflict, volunteers assembled through social media established this platform. Similarly, “#somostodosucrania” resulted from collaborative efforts by various town halls within the Porto district. Both platforms prominently addressed areas such as housing and fostering families for Ukrainians, employment opportunities, and some kind of access to medications. Hotlines were established on both platforms for refugees to seek assistance and clarity, alongside dedicated sections for Portuguese citizens and entities interested in extending support within the categories provided by those initiatives. These platforms were accessible in at least three languages: Portuguese, English, and Ukrainian. Curiously, when clicking on links within these platforms, even if the site wasn't initially viewed in Portuguese, the redirected external entity's site overwhelmingly presented content exclusively in Portuguese, with no alternative language options. This particular aspect posed a significant challenge if the intention was to seamlessly connect Ukrainian refugees with relevant information or external services for their immediate needs.

A noteworthy point emerged when one of the refugees interviewed recounted her experience attempting to use one of these platforms. Although it remains unclear which specific platform she was referring to, her observations of the available websites after conducting a basic Google search for assistance were consistent. The websites she encountered often appeared to be outdated or had not been recently updated to provide up-to-date, accurate information, which is crucial for people in the same situation as Ukrainian refugees fleeing the war. As a result, the information provided was often ambiguous and of limited practical value. This lack of consistent updates made the websites less credible in their view, underscoring the importance of maintaining up-to-date and accurate information on websites claiming to provide assistance to these communities.

### *5.3.1. Naming the service: MENTIS – The Refugees’ Hub*

At the beginning of this process, several names were generated according to the main ideas/concepts of this service: mental health, refugees, information center. Some of the ideated names were:

- MindConnect
- MentalWell
- SupportLink
- Harmony Minds
- CalmSpectrum
- EmpowerMent
- SoulCare
- GuidingLight
- MentalHealthHub
- OpenHeart

At this stage, the name that seemed to best represent the service was "MentalHealthHub", but the legibility of this name seemed difficult, so this name was iterated:

- The Mind Hub by SNS
- SupportHub
- MindHub
- ReHarmony Hub

Looking at the experiments done by mixing the concepts of "Mind" and "Hub", a new idea took shape and since the main concept of the proposal is around the subject of mental health, it was decided that this concept should be the main one focused on the main name. The use of Latin words was then considered, as Latin is known to be the *lingua franca* of scientific work in the West, and so perhaps some sense of authority could be taken away from it, combined with the need to represent the two concepts in a shorter way:

- MENTIS comes from 2 latin words: MENS and TIS. “Mens” can be translated into “mind” and “Tis” can be translated into “you”.
- Still, the proposed service can be summarized as a platform that collects, centralizes and distributes information, like a “hub” or “center” where the main users can find informations about mental health and therefore “The Refugees’ Hub” was created as a subtitle or tagline.

And so, the name “**MENTIS – The Refugees’ Hub**” was created to designate the service proposal of this work.

### *5.3.2. Ideation conclusion*

In summary, the ideation phase seamlessly blended creativity with data-driven insights, culminating in a service proposal concept that addresses the complex mental health challenges identified in the previous phases. Distilled from interviews/questionnaires with health professionals and refugees, these insights guided the creation of evidence-based solutions. Visualizing these insights through a mind map and subsequent service design scoreboard highlighted interrelated barriers and potential avenues for intervention, particularly emphasizing the paramount role of centralized, accurate information dissemination. In addition, the examination of existing platforms such as "We Help Ukraine" and "#somostodosucrania" underscored the importance of language inclusivity and regular content updates to strengthen the credibility and accessibility of support systems. Finally, it became appropriate to give the service proposal a name, and so a short naming ideation process took place until the name for the proposal was created and approved. The name chosen for this proposal was MENTIS - The Refugees' Hub.

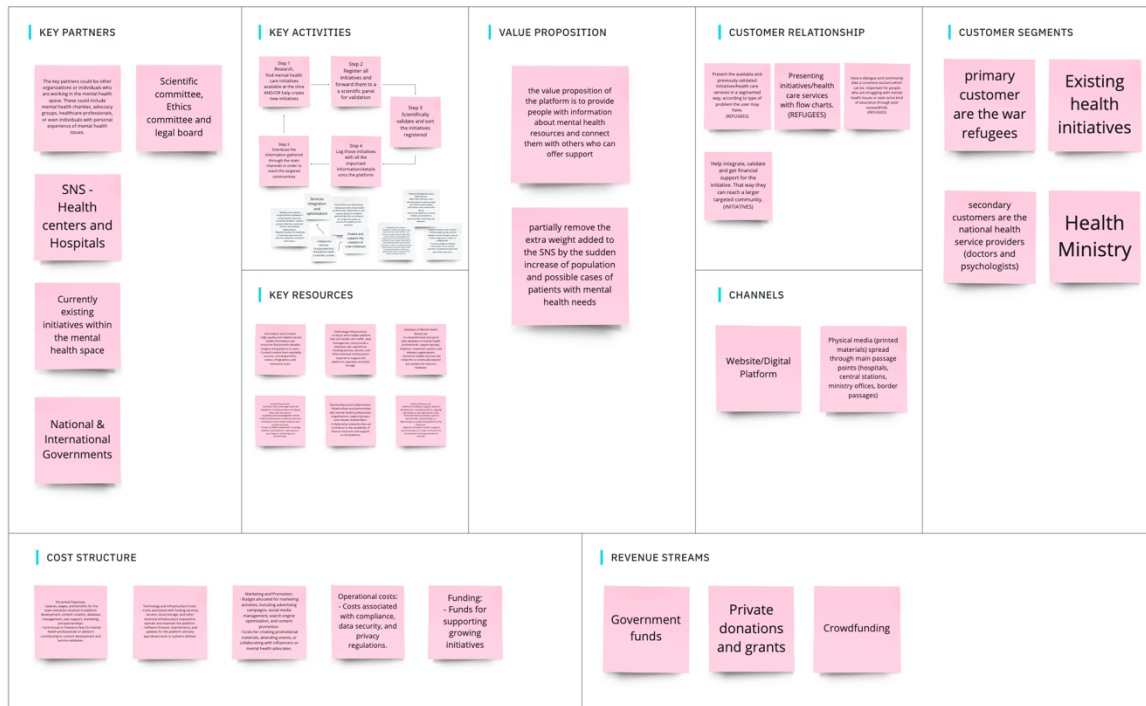
This phase stands as a testament to the transformative power of informed ideation in fostering effective solutions.

## **5.4. Implementation: Developing a Refugee Mental Health Access Service**

This phase was fundamental in representing the envisioned service offering. It bridges the gap between conceptualization and tangible design, culminating in a refined, human-centered user experience. The approach followed a structured journey that included key strategic activities. Starting with the formulation of a business model canvas to outline the core elements of the service, followed by the creation of a service blueprint and user journey map, these activities progressively delved into the user journey and potential touchpoints, culminating in a briefing that led to a visualization exercise to help understand one of the main touchpoints of the service, the online digital platform. This comprehensive approach ensured that both strategic considerations and user-centric design were seamlessly woven together, laying the foundation for a service that not only addressed the challenges identified, but did so in a way that resonated with the needs of the end users.

#### *5.4.1. Conceptualizing the service: Business model canvas*

Alexander Osterwalder, the co-creator of the Business Model Canvas, is quoted in a IxDF site entry, about the definition of the business model canvas, by having said the following about this tool, that designers use to map out a business or product's key activities and resources, the value proposition for target customers, customer relationships, channels involved and financial matters: *"A business model describes the rationale of how an organization creates, delivers, and captures value."*



**Figure 21 – MENTIS’ Business model canvas**  
 (click on the link to view the full size version)

**Value Proposition:**

- The value proposition of the platform is to provide people with information about mental health resources and connect them with others who can offer support.
- Partially remove the extra weight added to the NHS by the sudden increase of population and possible cases of patients with mental health needs.

**Key activities:**

- Step 1: Research, find mental health care initiatives available at the time AND/OR help create new initiatives
- Step 2: Register all initiatives and forward them to a scientific panel for validation

- Step 3: Scientifically validate and sort the initiatives registered
- Step 4: Log those initiatives with all the important information/details onto the platform
- Step 5: Distribute the information gathered through the main channels (digital platform) in order to reach the targeted communities
- Backstage and Complementary activities:
  - Regularly update the database to add new resources and remove outdated or irrelevant information.
  - Identify and compile a comprehensive database of mental health resources, including therapists, support groups, helplines, treatment centers, and relevant organizations.
  - Partnerships and Networking:
    - Collaborate with mental health professionals, organizations, and support groups to establish partnerships that can enhance the range and quality of resources available on the platform.
  - Validate the services' incorporated into the platform (with a scientific committee):
    - Services' integration and optimization
    - Enable and support the creation of new initiatives
  - Marketing and Promotion:
    - Develop a marketing strategy to raise awareness about the platform and reach the target audience effectively
    - Utilize various channels digital and physical such as social media, content marketing, search engine optimization, and partnerships with mental health advocates, as well as, distributing printed materials such as posters, flyers, "kits" through public places of relevance (government offices, hospitals, main public transport stations)
  - Platform Development and Maintenance:
    - Build and maintain a user-friendly platform where people can access mental health information and connect with others
    - Ensure the platform is secure, reliable, and scalable to accommodate increasing user demand
  - Content Creation and Curation:

- Develop high-quality content related to mental health, such as articles, blog posts, videos, or infographics
- Curate and gather relevant information from trusted sources to provide accurate and up-to-date resources

***Key resources:***

- Information and Content:
  - High-quality and reliable mental health information and resources that provide valuable insights and guidance to users.
  - Curated content from reputable sources, including articles, videos, infographics, and interactive tools.
- Technology Infrastructure:
  - A robust and scalable platform that can handle user traffic, data management, and provide a seamless user experience.
  - Hosting services, servers, and other technical infrastructure required to support the platform's operation and data storage.
- Database of Mental Health Resources:
  - A comprehensive and up-to-date database of mental health professionals, support groups, helplines, treatment centers, and relevant organizations.
  - Access to reliable sources and networks to continually expand and update the resource database.
- Human Resources:
  - Scientific, ethics and legal teams for validation of initiatives before divulging them with the service.
  - Qualified and knowledgeable mental health professionals or advisors who can contribute to the content creation and curation process.
  - A team of skilled individuals to manage platform development, maintenance, user support, marketing, and partnerships.
- Partnerships and Collaborations:

- Relationships and partnerships with mental health professionals, organizations, support groups, and relevant stakeholders.
- Collaborative networks that can contribute to the availability of diverse resources and support on the platform.
- Financial Resources:
  - Sufficient funding to support platform development, marketing efforts, ongoing maintenance, and operational costs.
  - Potential revenue streams, such as partnerships, sponsorships, or advertising, to sustain the platform in the long term.
  - Apply for European funds to support social innovation in order to finance the continuation and improvement of services

***Key partners:***

- The key partners could be other organizations or individuals who are working in the mental health space. These could include mental health charities, advocacy groups, healthcare professionals, or even individuals with personal experience of mental health issues.
- Scientific committee, Ethics committee and legal board
- SNS - Health centers and Hospitals
- Currently existing initiatives within the mental health space
- National & International Governments

***Customer relationship:***

- Refugees:

- Present the available and previously validated initiatives/health care services in a segmented way, according to type of problem the user may have.
- Presenting initiatives/health care services with flow charts.
- Have a dialogue and community (like a comment section) which can be important for people who are struggling with mental health issues or seek some kind of assurance through peer review/WOM.
- Initiatives:
  - Help integrate, validate and get financial support for the initiative. That way they can reach a larger targeted community.

***Channels:***

- Website/Digital Platform
- Physical media (printed materials) spread through main passage points (hospitals, central stations, ministry offices, border passages)

***Customer segments:***

- Primary customer is war refugees
- Secondary customers are the national health service providers (doctors and psychologists)
- Existing health initiatives
- Health Ministry

***Cost structure:***

- Personnel Expenses:

- Salaries, wages, and benefits for the team members involved in platform development, content creation, database management, user support, marketing, and partnerships.
- Contractual or freelance fees for mental health professionals or advisors contributing to content development and service validation.
- Technology and Infrastructure Costs:
  - Costs associated with hosting services, servers, cloud storage, and other technical infrastructure required to operate and maintain the platform.
  - Software licenses, maintenance, and updates for the platform and any specialized tools or systems utilized.
- Marketing and Promotion:
  - Budget allocated for marketing activities, including advertising campaigns, social media management, search engine optimization, and content promotion.
  - Costs for creating promotional materials, attending events, or collaborating with influencers or mental health advocates.
- Operational costs:
  - Costs associated with compliance, data security, and privacy regulations.
- Funding:
  - Funds for supporting growing initiatives

***Revenue Streams:***

- Government funds
- Private donations and grants
- Crowdfunding

The journey of turning the service idea into a structured plan began with the completion of this business model canvas (Figure 21). This tool provided an overview of the key parts of the service and how it would be developed. It highlighted important aspects such as the unique value it offered to refugees' mental health and the needs of health professionals, the different groups of users, including Ukrainian refugees and health professionals, and how they would engage with

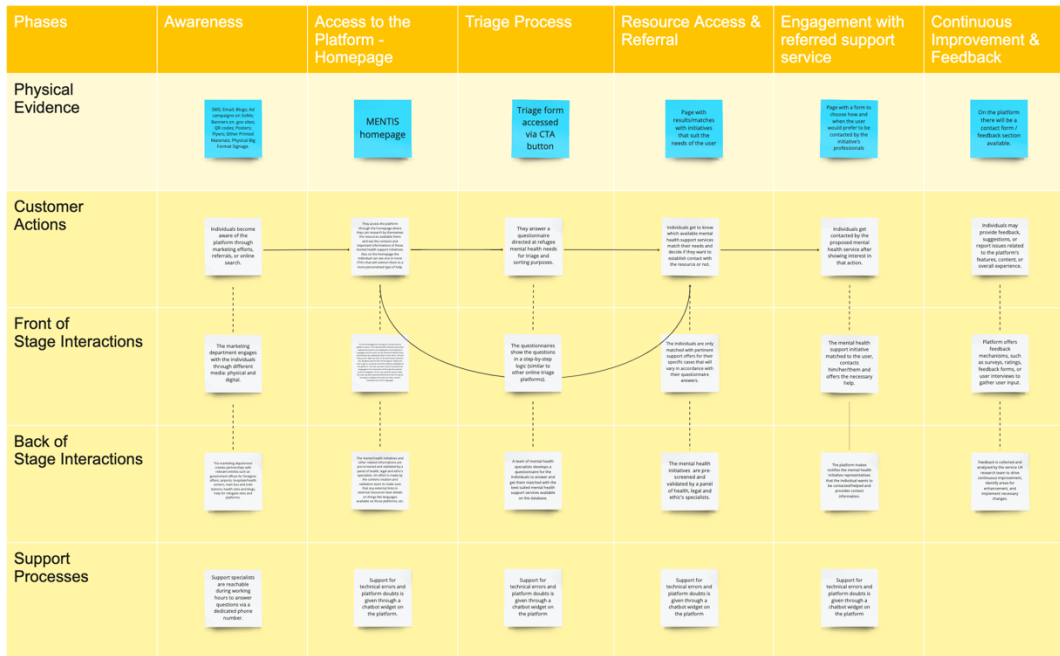
the service. The canvas also showed how the service would make money, using a mix of government funding, private donations, and grants. It outlined the partnerships and resources needed for success, highlighting the teamwork required for effective mental health support. It helped guide decisions as the prototype was designed, by ensuring that each step was in line with the service's goals and strategy, refining the way it worked, anticipating challenges, and finding new ideas.

The canvas turned an abstract idea into a detailed plan, combining strategy with practical steps. It wasn't just a picture; it was a flexible guide. By aligning the pieces, the canvas laid the foundation for a service that met the identified mental health needs of refugees and had a hypothetical level of mental health sustainability.

#### *5.4.2. Mapping the user journey: Service Blueprint*

A service blueprint, as a service design tool, allows the designers to test assumptions and thoroughly work out the problems. After a service blueprint is done, a prototype can be developed and tested with the potential users and in an iterative manner, the feedback provided by these users can then be used to refine and improve the blueprint before trying to go through a new test procedure (Shostack, 1984). This tool provides the observer with not only the front stage actions/interactions that the users may have with the proposed service, but also shows what happens in the backstage of that same service.

Within the MENTIS service, two distinct yet interconnected user journeys were represented through a dual service blueprint approach. This approach encompasses not only the refugee's journey seeking mental health support but also the path taken by entities and professionals aiming to extend their assistance and initiate new mental healthcare initiatives. The phases taken into consideration for both blueprints were the following: Awareness, Access to the Platform – Homepage, Triage Process, Resource Access & Referral, Engagement with referred support service, and Continuous Improvement & Feedback.



**Figure 22 – [Service blueprint – Refugees’ Journey](#)**

(click on the link to view the full size version)

The first blueprint (Figure 22) illustrates the steps a refugee takes when engaging with the service main touchpoint (the digital platform), from the initial interaction with the platform to the fulfillment of their mental health support needs. This journey encompasses touchpoints that highlight interactions, decisions, and interventions that together create a comprehensive understanding of their experience and journey through the digital platform. In a summarized way, the user becomes aware of this service provided by the MENTIS’ platform, engages with the homepage, discovers that there’s a functionality that helps him/her triage their mental health needs and get matched with pertinent – mental health support services/initiatives, decides if he/she wants to engage further with the service by opting to be contacted by one of the services that matched his/her needs and finally contacts or gets contacted by the professionals involved with the initiative chosen, thus starting his/her journey to wellness. At the end of the journey, to make this service more collaborative and gain some authority and trustworthiness, the user can leave his/her feedback about the MENTIS platform and the mental health support service he/she used.

Service Phases	Awareness	Access to the Platform - Homepage	Guidance/Submission Process	Access	Approval	Connection with target users	Continuous Improvement & Feedback
Physical Evidence							
Customer Actions	Individuals become aware of the platform through advertising, referrals, or online search.	Individuals explore the MENTIS homepage and learn about the platform's mission and services.	Individuals click on the 'Get help' button and are directed to the submission process.	Professionals/individuals provide a problem statement and details to the platform.	Professionals/individuals get approval from the platform to provide help.	Professionals/individuals get connected with the platform target users.	Professionals/individuals provide feedback on their experience.
Front of Stage Interactions	The marketing department engages with the professionals/individuals through different media channels on digital.	The homepage content is designed to be user-friendly and informative.	A message with a direct contact is displayed on this page.	They will then have access to a guide and they will see the status of their submission/initials.		The platform offers a user-friendly interface for professionals/individuals to connect with target users.	Platform offers feedback forms, surveys, and other tools to gather user feedback and improve the service.
Back of Stage Interactions	The marketing department is supported by a team of health and ethics specialists.	The mental health initiatives and other related information are validated by a team of health and ethics specialists.		The mental health initiatives are pre-screened by a panel of health, legal and ethics specialists.	The platform provides a secure and confidential environment for professionals/individuals to provide help.	The platform ensures the user data and content are secure and compliant with relevant regulations.	The platform ensures the user data and content are secure and compliant with relevant regulations.
Support Processes		Support for marketing and platform issues is given through a chatbot widget on the platform.	Support for technical issues and platform issues is given through a chatbot widget on the platform.	Support for technical issues and platform issues is given through a chatbot widget on the platform.	Support for technical issues and platform issues is given through a chatbot widget on the platform.	Support for technical issues and platform issues is given through a chatbot widget on the platform.	Support for technical issues and platform issues is given through a chatbot widget on the platform.

**Figure 23 – Service blueprint – Entities'/Professionals' Journey**

(click on the link to view the full size version)

The second blueprint (Figure 23) shifts the focus to entities and professionals seeking to contribute to the mental well-being of refugees. It provides a visual representation of their journey, guiding them through the process of offering help, connecting with individuals in need, and establishing new mental healthcare initiatives. This blueprint highlights touchpoints that emphasize collaboration, resource sharing, and partnership development. Meaning, the user becomes aware of this service provided by the MENTIS' platform, engages with the homepage, discovers that there's a functionality that guides him/her/them through the process of setting up and legalizing a mental health support initiative and by the end gives him/her/them the opportunity to leave feedback about his/her/their experience.

These complementary blueprints serve as powerful tools that illustrate the intricacies of both user journeys within the MENTIS service. By considering these dual perspectives, it enables the optimization of the service's effectiveness, ensuring a seamless and meaningful experience for all stakeholders involved.

### 5.4.3. *Shedding light on the User Experience: Refugees' User Journey Map*

Journey maps are commonly used by designers when trying to depict the process that a user of a service or product goes through when interacting with that service or product. Basically, a series of actions are plotted on a timeline and then fleshed out with the user's potential thoughts and emotions to create a narrative.

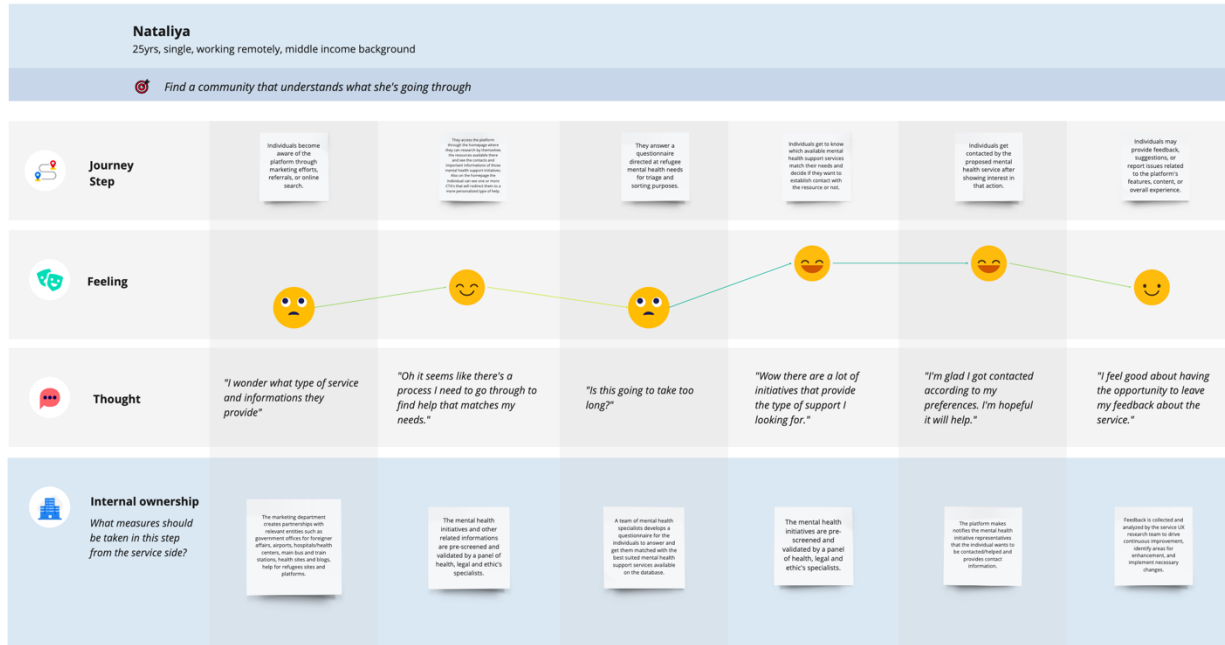


Figure 24 – [User Journey Map – Basic Journey of a first-time end user](#)  
(click on the link to view the full size version)

In this map visualization (Figure 24), a cautious exploration of each step, touchpoint, and emotion experienced by refugees seeking mental health help through the MENTIS platform is offered. This narrative begins the moment the user discovers that there is a mental health accessibility platform available in their native language, moving on to the moment where he/she starts interacting with this platform until they find an initiative or service that matches their needs and decide to use it, finalizing with the chance to provide feedback (similar to the blueprint, but in this case the user's emotions and thoughts are in focus, opposed to the more technical frontstage-backstage dynamic evaluated with a service blueprint). Through a careful arrangement of journey steps, emotions, thoughts and actions from the service side, this map offers an overall insight into the intricacies inherent in their experience. By analyzing this journey map, we gain some understanding of how MENTIS can possibly bridge the gap between refugees and mental health support initiatives. The integration of technological solutions, empathetic, and

tailor-made interventions, and community connections contributes to an empowering user experience which leads to a feeling of hope.

For this customer journey, it was randomly chosen that the persona hypothetically using the service would be Natalya, a 25-year-old freelancer from a middle-income background (previously described in chapter 4.2.1. Personas). The beginning of the journey will always be punctuated with moments of doubt or uncertainty, which is intrinsically connected to the fact that these users have a particular set of conditions, related to the fact that they are the product of a forced migration and therefore they will always be in a vulnerable position that will affect the way they experience things in their journey. As they move forward and feel represented or at least calmed by the cultural and linguistic adequacy of the service, their mood and overall feeling towards the service may improve into a more positive field. The fact that they can choose if and when/how they want to be contacted by mental health service providers will provide them with a feeling of being in control which ultimately can help them feel secure and less doubtful. Having a chance to provide feedback about both the platform and the service they decided to use will corroborate the feeling of trustfulness created throughout the journey.

This immersion into the users' perspective, underscores the commitment made to designing a service that resonates with the needs, challenges, and aspirations of these stakeholders. This visualization also helps understand the potential transformative impact of MENTIS in the lives of those it serves.

#### *5.4.1. Design briefing for the digital platform*

In this short design briefing, the functionalities and features of the digital platform considered for the execution of the that platform proposal were listed.

#### ***Functionalities:***

This should be an open platform that serves as a centralized information hub for refugees seeking mental health support, where they can research and find or be matched with active mental health support initiatives/services across the country and choose one that suits their needs and preferences (i.e. location, idiom, etc.). It should also have a dedicated area for articles (text, video, etc.) created by mental health professionals to raise awareness of the mental health issues most commonly faced by refugees. Finally, this portal should also have a functionality that helps people create new and necessary mental health initiatives.

***Features:***

- Centralized hub for mental health support initiatives/services, where all active initiatives in the country can be found.
- A triage function, where the user can fill in a questionnaire that will eventually match him/her with mental health support initiatives/services that really meet his/her needs (the needs are assessed during the questionnaire according to the answers provided by the user), making the selection process faster for the user.
- The platform should allow users to rate their experience with the initiatives/services they've already used, to help foment a feeling of trust for future users.
- The platform should be available in several different languages and should take care not to redirect users who do not speak a particular language (e.g. Portuguese) to another page that is only available in that language. If this is the only page available for what the user is looking for, there should be a warning informing the user of this fact before they are redirected to the new page.
- Blog section with articles written by mental health professionals to help raise user awareness of mental health issues and provide more information on the subject.
- A guide to help people interested in setting up new mental health initiatives. (In the MVP, this feature should essentially connect these people with a dedicated team to guide them through the process, but in the future, it should evolve into a more automated and expedited process where users simply fill in some forms and follow instructions until their initiative is submitted for approval and then created).

### 5.4.1. Digital Platform Proposal: Visualizing one of the main service's touchpoints

This proposal, based on the design briefing presented earlier, provides a tangible, yet hypothetical, insight into the user interface, functionalities and features that define the MENTIS platform, and serves only an illustrative purpose for this project, as it was necessary to create a service pitch for the concept validation questionnaire. This need arose from the fact that this service could be difficult to understand without visual aids and would therefore hinder the concept validation process.

The first step was to do some rapid paper prototyping, with just about enough information to help visualize the digital platform that would be serving as a dynamic and interactive touchpoint of this service.

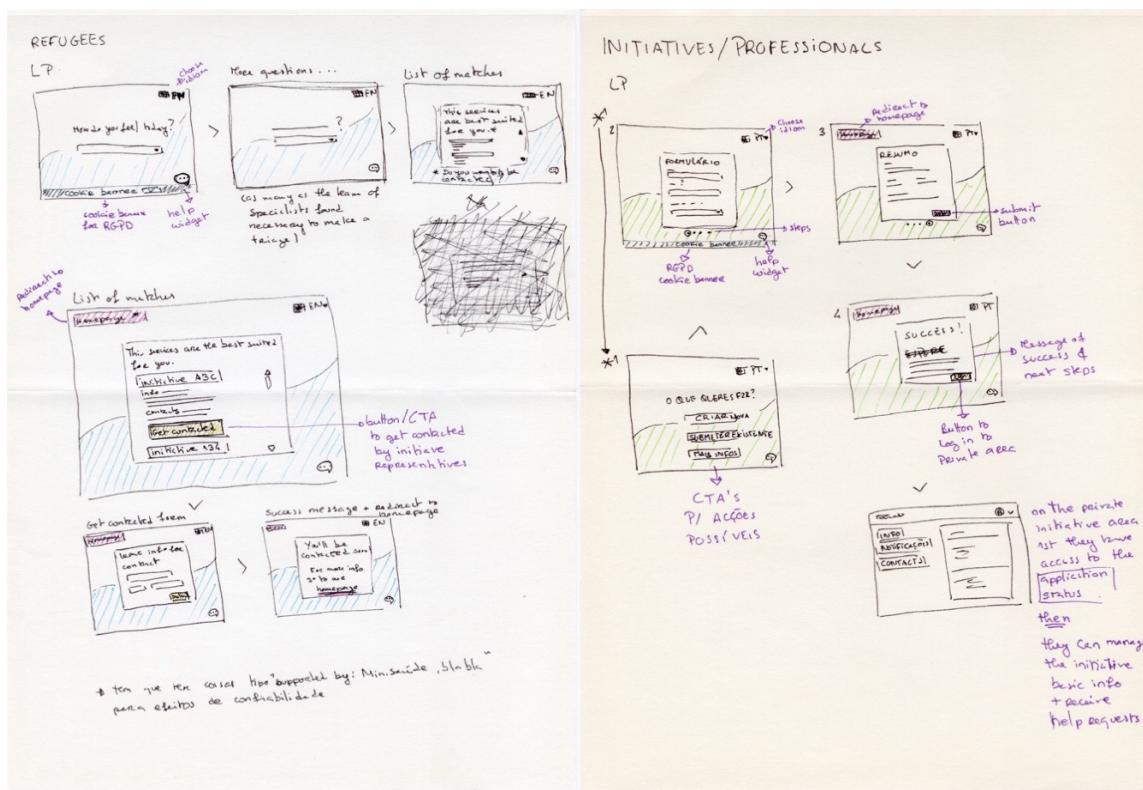
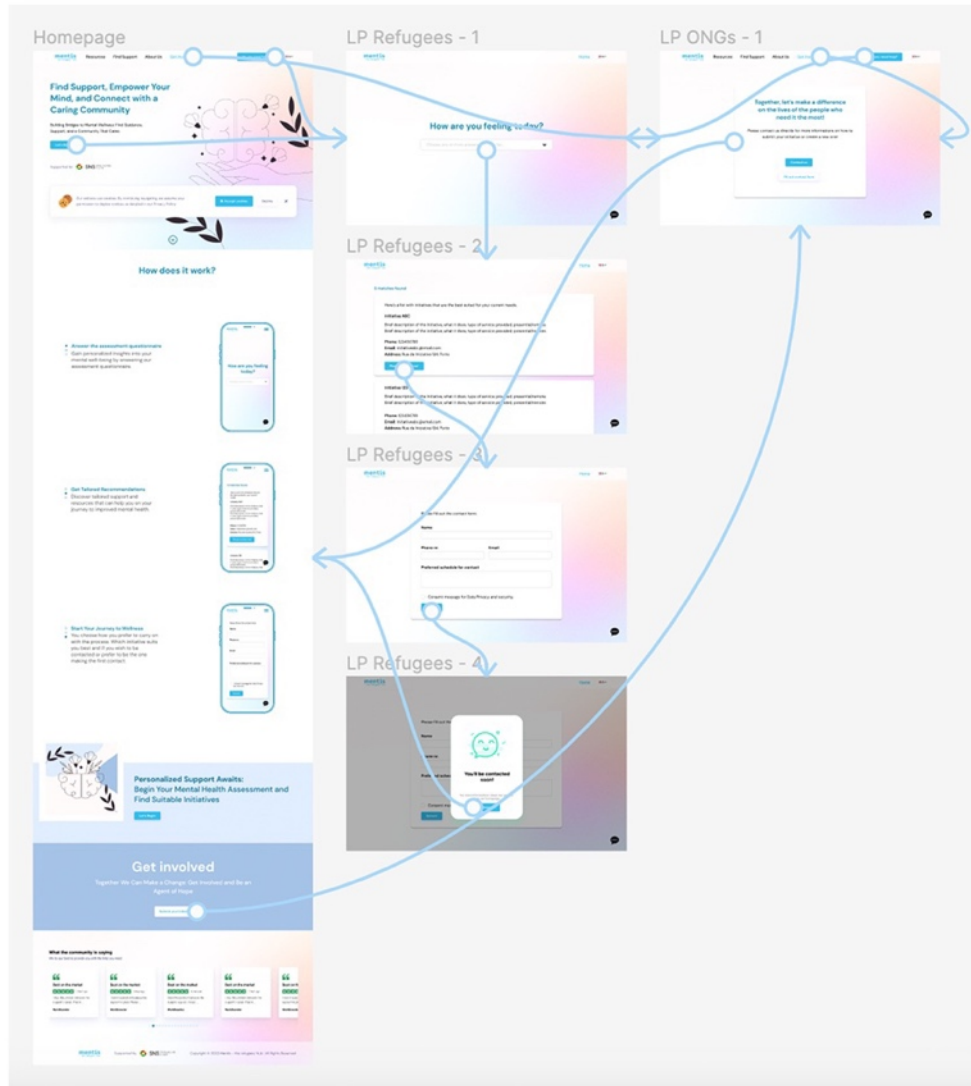


Figure 25 – Rapid paper prototyping for the MENTIS platform

The subsequent mid to high-fidelity user interface, which was design, based on the initial paper prototype, serves, merely, as a preliminary proposal for the platform's interface.



**Figure 26 – [MENTIS' platform proposal with user flow](#)  
(click on the link to view the functioning prototype proposal)**

The graphical elements and design choices incorporated within this interface are conceptual and provisional in nature, representing only what can be interpreted as suggestions, loosely based on platforms' concepts seen during the benchmarking phase.

It's important to note that this project primarily centers around the domain of Service Design, rather than delving into the intricacies of user interface and user experience (UX), as well as the UX process that a digital product is normally subjected to. Consequently, no dedicated data collection or research efforts were directed towards refining this aspect of the platform and no

UX process was considered during this phase, making this proposal a purely speculative one. A comprehensive and iterative UX design process, supported by rigorous UX research, would be essential for refining and updating this design. This future phase would involve an in-depth exploration of user needs, preferences, and behaviors, culminating in a refined and user-centric interface that aligns with the platform's service-oriented foundations.

### **5.5. Presenting the Service Proposal**

In response to the pressing need for accessible and tailored mental health support for refugees, the MENTIS service proposal emerges as a comprehensive centralized solution. It addresses a critical service gap and introduces a paradigm shift in how mental health care is delivered to displaced populations. This service proposal offers a dual value proposition: connecting individuals with mental health resources while alleviating the strain on social networks from population surges and potential mental health crises. Its' value propositions are to provide people with information about mental health resources and connect them with others who can offer needed support while partially removing the extra weight added to the National Health Service, by the sudden increase of migrant population, and possible cases of patients with mental health needs.

Rooted in a human-centered design philosophy that states *“that health must be viewed in a broader context, with all stakeholders involved, as it is influenced by a complex interplay of physical, social, economic, cultural and environmental factors”*(World Health Organization, 2007), MENTIS reflects a deeply empathetic approach that centers refugees as the core beneficiaries. Acknowledging the nuanced intersection of cultural diversity and personal experiences, this service proposal emphasizes individualized support mechanisms that align with refugees' unique identities and needs. By placing cultural sensitivity at the forefront, it recognizes the significance of fostering an environment where diverse perspectives are valued and understood, thus rendering the process of seeking mental health support a journey of empowerment.

The platform's collaborative ecosystem serves as a link that interconnects refugees, healthcare professionals, initiative creators, and support organizations. This collective approach harnesses a

network of expertise and resources to collectively address the multifaceted challenges that refugees encounter. One of its underlying principles, as can be seen in the business model canvas, is the creation of a community that stands as a united support structure, thereby fostering mutual encouragement and shared knowledge.

MENTIS' digital platform offers a space where individuals can navigate a spectrum of culturally sensitive and easily accessible mental health services tailored to their language preferences, cultural backgrounds, and most pressing needs. Beyond its immediate influence on individual lives, the platform's ripple effect may extend to the larger healthcare landscape. By facilitating the alignment of refugees with appropriate mental health resources, the platform may contribute to the optimization of healthcare services on a systemic level. The strain on the existing public healthcare system might be eased, by enabling an efficient allocation of resources and the cultivation of a more resilient healthcare infrastructure. While endeavoring to encompass the various barriers that impede refugees from accessing mental health services and support - including cultural and linguistic challenges, limited information, and systemic problems - this proposal also strives to establish a connection between refugees and the necessary mental health services they are in search of, ultimately streamlining these procedures.

To sum up, besides the commitment to technological innovation, this service proposal encapsulates a holistic strategy that hopes to enhance the mental health landscape for refugees while simultaneously fortifying the broader healthcare domain.

#### *5.5.1. Service Description and Components*

This service proposal is the product of a comprehensive service design process, focused on addressing the critical mental health support needs of refugees while balancing out the broader healthcare ecosystem. At its' core, it was designed to be an integrated digital platform that centralizes information, working as a repository of mental health resources and initiatives.

As far as the digital platform goes, the service seamlessly orchestrates two primary modules: **“Refugee support hub”** and **“Initiative creator hub”**.

The refugee support hub is dedicated to refugees, offering a user-friendly interface that facilitates the discovery of mental health initiatives tailored to the needs of the users. According to the detailed information that each initiative has to display on its profile, refugees can get an overview of the type of services available, including details about therapy sessions, existence of community support groups and other mental healthcare related programs. The way the platform is designed considers both linguistic diversity and cultural nuances, ensuring that the users can access information in their preferred language and navigate services that are aligned with their cultural backgrounds. This alignment can only be possible because in its structure the service will incorporate a multidisciplinary team composed of not only design professionals from areas such as UX Design and Service Design and a team of Developers that would be in charge of translating the UI and UX designs into the platform itself using the most adequate technologies for what this platform does, but also healthcare professionals, a legal team and an ethics board to help create contents for the platform, such as the triage questionnaire for the refugees to answer before being matched with suitable initiative.

As for the initiative creator hub, the focus is on empowering professionals, organizations, and community member to create and propose new mental health initiatives. This hub fosters a dynamic environment where stakeholders can submit innovative ideas, outline program details, and seek both partnerships and sponsorship for their initiatives. By creating a collaborative environment that helps and facilitates the process of initiative creation it is expected to enrich the ecosystem with a new range and diversity of mental health support options. It's for this hub that the existence of a multidisciplinary team on the background of the service composed of a legal team and ethics board is most important, by helping create new initiatives or validate existing initiatives.

MENTIS, as can be seen from the business model canvas and service blueprint, goes beyond having a digital platform. Although this platform is the main touchpoint between the primary user (the refugees) and the service itself, the service starts a few steps before the platform even becomes significant. For this service to be successful the very important component of marketing needs to be set in place, tailored to appeal to refugee communities, and like it was mentioned on

some of the in-depth interviews being capable of transmitting a bold, clear message to the targeted audience. According to what was written in the channels section on the Business Model Canvas for this service, the MENTIS team should be able to create physical media (as in printed materials of several sorts) to be distributed across main passage points, such as hospitals, central stations, government offices, border passages, airports, etc. Besides that, an integration effort with the National Healthcare System and other relevant government entities must be made, to make sure that the information about this service is displayed on major points of interest and governmental websites in order to help give the service more credibility, which was also one of the insights taken from the in-depth interviews – collaboration with credible entities.

To sum up, “MENTIS – the refugees’ hub” service proposal presents a comprehensive and culturally sensitive digital platform that centralizes mental health resources for refugees, incorporating both user-friendly refugee support and initiative creator hubs, all underpinned by a multidisciplinary team and partnerships to enhance the mental health support ecosystem.

#### *5.5.2. Human-Centered Design Approach*

The foundation of the service design is based on a human-centered approach, where user needs and preferences served as the guiding compass throughout the development process. This approach was particularly influenced by the comprehensive service design methodology employed, which included in-depth interviews and questionnaires conducted with two different stakeholder groups - refugees and healthcare professionals - in a primary phase, and the use of service design tools such as the construction of a business model canvas, which can also be described as user-centered (Yang, 2021) due to its sections that consider customer segments, interaction channels, and customer relationships to improve their experience with the service/business.

The insights gained from these interactions and the application of the tools to the process played an instrumental role in shaping the design and functionality of the service. By listening to the concerns, aspirations, and challenges of both refugees and healthcare professionals, a solution

was created that authentically addresses the critical need for mental health support in the context of refugee life, while ensuring alignment with the broader healthcare ecosystem.

After prototyping, a final questionnaire was conducted to validate the service design concept. This phase sought to concretely involve stakeholders in evaluating the effectiveness of the service, ensuring that it not only met the initial objectives, but also resonated with end users on a practical and emotional level. This questionnaire is also a steppingstone for future iterative work that would be critical before any implementation of the service in the real world could take place.

In summary, the service's human-centered design approach, rooted in a thorough service design methodology that included stakeholder engagement, and by laying the groundwork for an iterative process that should take place in future work, resulted in a functional service that met the needs and aspirations of both refugees and health care professionals.

### *5.5.3. Cultural Sensitivity and Accessibility Considerations*

Cultural sensitivity and accessibility considerations were the skeleton of this project, as it deals with refugees coming to Portugal from a different cultural background, where they are confronted with services and health care providers who also have their own cultural background. However, since accessibility to mental health services and initiatives was the main gap identified in the preliminary research, most of the work done throughout this process was done with this problem in mind.

Accessibility, which includes linguistic, cultural and social dimensions, is another key consideration, as mentioned above. The design of the MENTIS service places a strong emphasis on making information and resources easily understandable and navigable for users from different linguistic backgrounds. Efforts to provide multilingual content to ensure that users can access key information in a language that is familiar to them were considered during the process of designing the service.

Beyond language, social accessibility is addressed through collaborations and partnerships with credible entities, such as government agencies in the areas of health care and refugee assistance.

Leveraging these relationships is critical to the service, which aims to establish credibility and foster a sense of trust among users, reinforcing the service's commitment to their well-being.

In essence, the service's approach to cultural sensitivity and accessibility encapsulates a sincere dedication to creating an environment where all users, regardless of their cultural, linguistic, or social backgrounds, feel valued, understood, and empowered in their journey towards improved mental health and well-being.

#### *5.5.4. Stakeholder Engagement and Collaboration*

Stakeholder engagement started early in the service design journey, with an initial series of informal and unstructured interviews with health care stakeholders to understand what the refugee panorama in Portugal looked like at the moment, followed by a short questionnaire to validate some of the insights gained from this initial approach. In-depth interviews were then conducted with both stakeholder groups, and at the end of the project, post-prototyping phase, questionnaires were also distributed to each group for final validation and feedback. By actively involving health professionals and refugees in these interactions, valuable insights were gained into their expectations, concerns and aspirations. This participatory approach ensured that the service design was authentically responsive to their needs and provided a carefully tailored service offering.

Furthermore, the contact with healthcare providers involved in different backgrounds, National Health Service employees and NGO voluntary workers, provided some different point of views that after careful analysis turned out to be complementary and boosted the main idea behind the core strategy of MENTIS.

As seen on previous phases, stakeholder engagement and collaboration have been integral to the service's evolution and will continue to be a crucial part of the iterative future work for this proposal.

### **5.6. Test: Validating the Service Proposal**

After concluding the service design process with an exploratory digital platform prototyping phase (which was done with the sole purpose of being used for visualization purposes in this final concept validation step), it is important to note that service design is inherently iterative, relying on testing phases to drive iterative improvements and innovations within the service itself (Stickdorn et al., 2017). To facilitate the validation of the service proposal and gather valuable feedback for future efforts, a final questionnaire was developed. This validation phase was designed to ensure the consistency of the overall service, which includes the integrated digital platform designed to address the critical mental health support needs of refugees while fostering collaboration within the broader healthcare ecosystem. By subjecting the service concept to a real-world test, facilitated by a pitch presentation and a preview of an interactive engagement with its digital touchpoint, the primary goal was to determine the impact, validity, feasibility and effectiveness of the service. This service should effectively guide refugees in discovering tailored mental health initiatives, facilitate their access to these initiatives, and empower professionals, organizations, and community members to design and implement innovative solutions.

#### *5.6.1. Final questionnaire for validation and ideation of future work*

The primary purpose of the final questionnaire was twofold: to validate the service proposal informed by the extensive research conducted throughout this thesis, and to harness the power of the participants' responses to generate valuable insights for potential improvements and iterations of the existing proposal. By obtaining feedback from both stakeholder groups, this validation tool was designed to ensure a comprehensive and holistic understanding of the effectiveness, usability, accessibility, and actual impact of the service. The questionnaire was structured to allow both groups of stakeholders to provide their perspectives and opinions, allowing for a comparative analysis of their views. By aligning the feedback from these key stakeholders, the goal was to anticipate and chart the course for future work, effectively guiding the service towards continuous improvement and innovation. Through this thoughtful and inclusive approach, the final questionnaire played a pivotal role in not only validating the current service offering, but also paving the way for its evolution (which is a fundamental part of the iterative service design methodology) in response to the dynamic needs and expectations of users and the evolving industry landscape.

### ***Questionnaire Structure:***

- First of all, the participants were shown an informed consent form to make sure research ethics were being followed and that their participation was voluntary and informed.
- Section 1: Ethnographic Data
  - o Type of Stakeholder
  - o Age
  - o Sex

(The next section was sub-divided according to stakeholder type.)

- Section 2: Support Initiatives Awareness & Accessibility (if the stakeholder was identified as a refugee)
  - o Did you receive adequate information about available mental health support services when you first arrived in Portugal as a refugee?
  - o Did you know about any of the following active mental health support initiatives? (Pick the ones you were aware of)
- Section 2: Support Initiatives Awareness & Accessibility (if the stakeholder was identified as a healthcare professional)
  - o Do you think that refugees entering Portugal for the first time receive an adequate amount of information about available mental health support services?
  - o Did you know about any of the following active mental health support initiatives? (Pick the ones you were aware of)
- Section 3: If the participants picked one or more of the initiatives listed on Section 2
  - o How relevant do you think that the/those initiative(s) is/are to addressing the mental health needs of refugees?
  - o How useful do you think that the/those initiative(s) is/are in supporting the mental well-being of refugees?
  - o What specific challenges can a refugee encounter when trying to access that/those mental health support services? (Pick all the applicable options)
- Section 4: MENTIS – The Refugee’s Hub service was presented to the participants, this section included an introductory text and a 4-minute video pitch (containing the prototype

proposal and a step-by-step explanation of the service's concept, functionalities, and features)

- Section 5: Relevance and Need

In the context of our mental health service, relevance refers to how well Mentis aligns with the current landscape and meets the needs of individuals seeking mental health support. The need refers to the demand and requirement for accessible and comprehensive mental health resources and support. We would like to have your opinion on the relevance and need of the Mentis service proposal.

- How relevant do you think the proposed service is to address the mental health needs of refugees?
- How useful do you believe it will be in supporting the mental well-being of refugees?

- Section 6: Features and Functionality

We would like to have your opinion about the Features and Functionality of the Mentis service proposal.

- Based on the description of Mentis, what features and/or functionalities do you find most valuable or beneficial?
- Are there any specific features and/or functionalities you would like to see included that have not been mentioned so far?

- Section 7: Cultural Sensitivity

Cultural sensitivity is an approach that recognizes and respects the diversity of cultures, beliefs, and values within a given population or community. In the context of mental health services, cultural sensitivity is crucial. It means being aware of and responsive to the cultural backgrounds and needs of individuals seeking support. It involves providing services that are inclusive, respectful, and tailored to the specific cultural contexts and preferences of the individuals. We would like to have your opinion on how culturally sensitive Mentis is or can be.

- How important is cultural sensitivity in mental health services for refugees?
- Taking into consideration that the platform's information and available resources will be curated by a diverse panel of professionals from several relevant areas and

backgrounds (medicine, psychology, social sciences, etc.), do you believe the proposed service will demonstrate an adequate cultural sensitivity?

- Taking into consideration the platform's feature to match mental health support initiatives to specific needs of the user pinpointed while filling out the triage questionnaire, do you believe the service has the potential to bridge cultural gaps and foster a sense of belonging and understanding for refugees?

- Section 8: Accessibility

Accessibility refers to creating an environment that accommodates diverse needs, enabling equal access and participation for all individuals, regardless of their abilities or limitations. We would like to have your opinion on how accessible you feel that Mentis could be.

- Taking into account the extensive marketing strategy through several diverse channels in order to reach the maximum number of possible users and make them aware of the existence of this service, as well as taking into account that the Mentis digital platform will be available in several languages, how accessible do you think it would be for refugees entering Portugal to engage with Mentis?
- Are there any potential barriers or challenges that you foresee in accessing or utilizing this service?
- What additional measures could be taken to ensure that the service is easily accessible for refugees?

- Section 9: Potential Impact

We would like to have your opinion about the potential impact of Mentis on the refugee community.

- How likely do you think that Mentis could contribute to improving the overall mental health support available for Ukrainian refugee communities living in Portugal?
- Please select your level of agreement with the following sentence: "The proposed service would have a positive impact on the mental well-being and integration of refugees in Portugal."

- Section 10: Overall Interest and Feedback

We would like to have your overall feedback on the proposed service: Mentis - the refugees' hub.

- Based on what you have learned about Mentis, on a scale of 1 to 10 (1 being Very Unlikely and 10 being Extremely Likely), how likely would you be to use it or recommend it to people you know?
- Is there anything else you would like to share or any suggestions you have for improving Mentis?

The entire questionnaire was divided into 10 sections and had a short disambiguation at the beginning due to the need to target the two different groups of stakeholders in the process of gathering some views and knowledge about existing initiatives. Throughout the questionnaire, the questions posed were carefully crafted, especially in the beginning where demographic data was asked, to ensure that none of the questions compromised the anonymity of the participants. The first 3 sections asked for demographic data and the participants' knowledge and possible experience with mental health support initiatives (outside of the National Healthcare System). This was succeeded by a pitch presentation of the MENTIS service was made with a short introductory text and a video explaining the concept as well as a short preview of an hypothetical interaction with the digital platform. After viewing the video, the participant could move on to the final sections of the questionnaire, which were divided into the following categories: Relevance and Need; Features and Functionality; Cultural Sensitivity; Accessibility; Potential Impact; Overall Interest and Feedback. Most of the answers required throughout the questionnaire were "yes or no" based, multiple choice, Likert scales (this type of rating is commonly used to measure opinions, attitudes, and behaviors (Katherine A. et al., n.d.)), and some were optional open-ended responses. The open-ended response fields were made optional because the focus was on gathering quantitative insights, and the motivation for adding them to the questionnaire (although the focus as it was stated before was mainly on gathering quantitative insights) was to give participants the opportunity to elaborate on their feedback on specific parts of the questionnaire, carefully selected for their potential to provide more personal insights that might be of interest for future iterations.

#### *5.6.1.1. Participant Recruitment and Procedures*

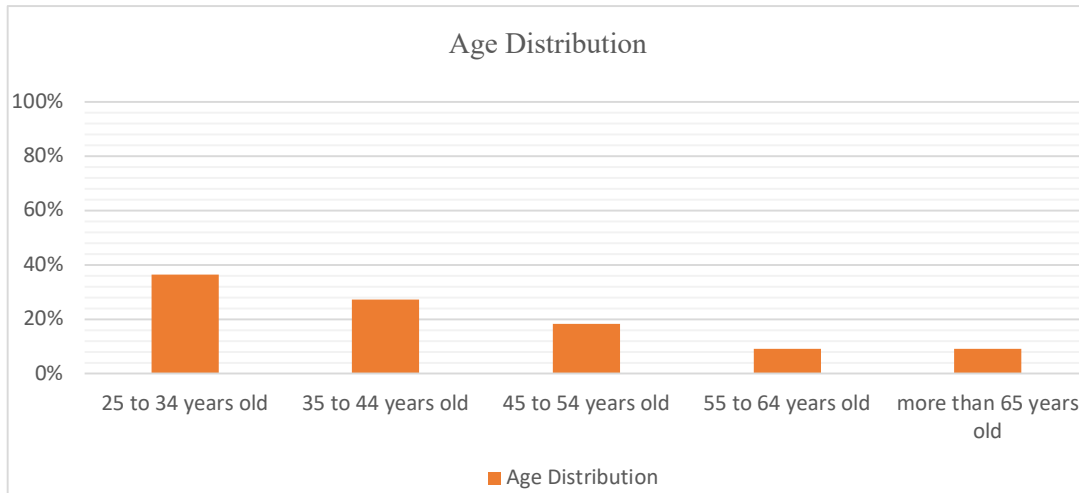
The first approach for gathering participants for the final questionnaire involved reaching out to the initial stakeholders, including healthcare providers and Ukrainian refugees who had participated in the in-depth semi-structured interview phase. Additionally, participants were asked to share the questionnaire link with individuals in their circles who met the participation requirements.

Moreover, the questionnaire was actively promoted on three major social media platforms: LinkedIn, Instagram, Facebook and also on the instant messaging platform Telegram. This promotion included publications on personal murals, stories, and posts on Facebook groups of Ukrainian refugee communities residing in Portugal.

#### *5.6.2. Final questionnaire's results*

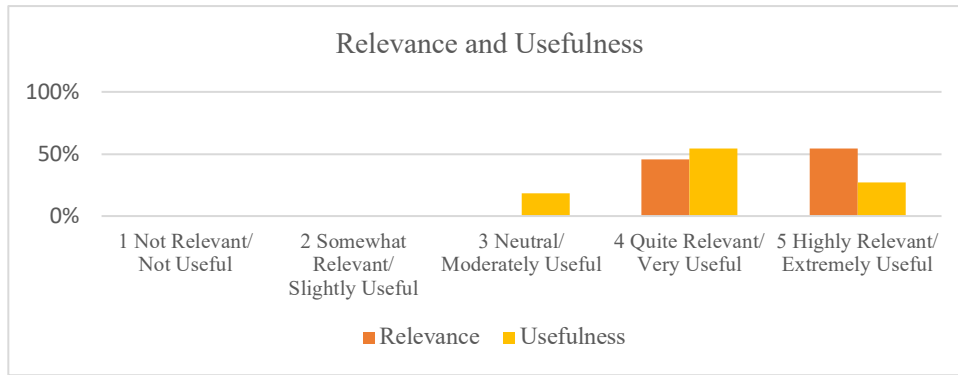
The questionnaire was published on July 18, 2023 and closed on August 15, 2023, and the total number of responses received was 22. It was decided that the 2 different groups of stakeholders would act as 2 different variables for this analysis, the group of health care stakeholders (general practitioners, psychiatrists, psychologists or other clinicians) and the group of refugees or temporary protection status holders, hereafter referred to as **Group 1** and **Group 2** respectively.

Starting with the results of the first phase of the questionnaire from **Group 1**, where there were 11 submissions. All of these 11 participants were female, 36% were between 25 and 34 years old, 27% were between 35 and 44 years old, 18% were between 45 and 54 years old, 9% were between 55 and 64 years old, and 9% were over 65 years old (Figure 28).



**Figure 27 – (Group 1) Age distribution amongst the participants**

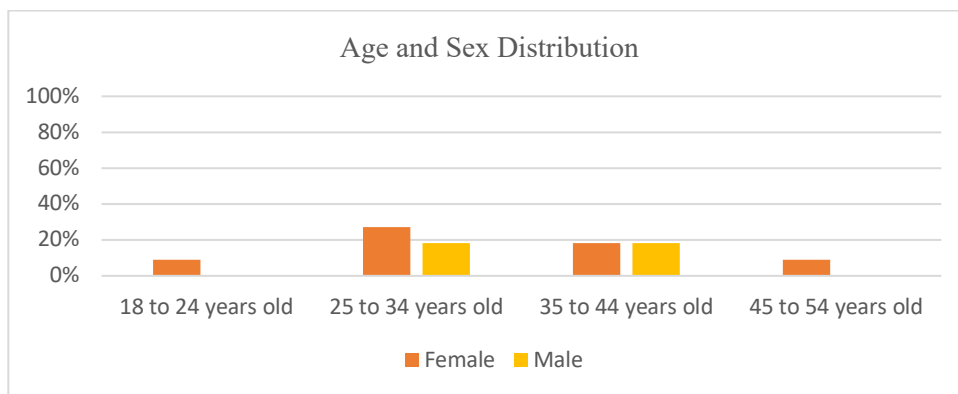
When asked about their opinion on the amount of information on mental health, support and care provided to refugees upon arrival in the country, 91% felt that the amount of information was inadequate. Every clinician was aware of at least one of the initiatives mentioned in the list of initiatives. The “SNS 24 Psychological Telephone Support” was mentioned by everyone, and at least five people mentioned that they knew about local collaborations between the Portuguese Order of Psychologists and municipalities, one of the respondents knew about the “Capacetes Laranja” initiative, one about the “Centro de Apoio Psicológico ao Refugiado from the Universidade Autónoma de Lisboa” initiative, and one about the “SPEAK for Ukraine (in collaboration with BeHuman)” initiative. The next question asked participants to rate the relevance of these initiatives in addressing the mental health needs of refugees. Responses to this question varied between 4 – “Quite Relevant” and 5 – “Very Relevant”. And when asked how useful these initiatives are in supporting the mental wellbeing of refugees, responses ranged from 3 – “Moderately Useful” to 5 – “Extremely Useful”.



**Figure 28 – (Group 1) Mental Health support initiatives relevance and usefulness score**

The last question of this part of the questionnaire focused again on the perceived barriers and challenges that refugees face when trying to access mental health care in Portugal. Language barriers were seen as the most common barrier (chosen 82% of the times), followed by lack of information (chosen 64% of the times), financial and cultural barriers were both mentioned 45% of the times and mobility/transportation was mentioned 27% of the times.

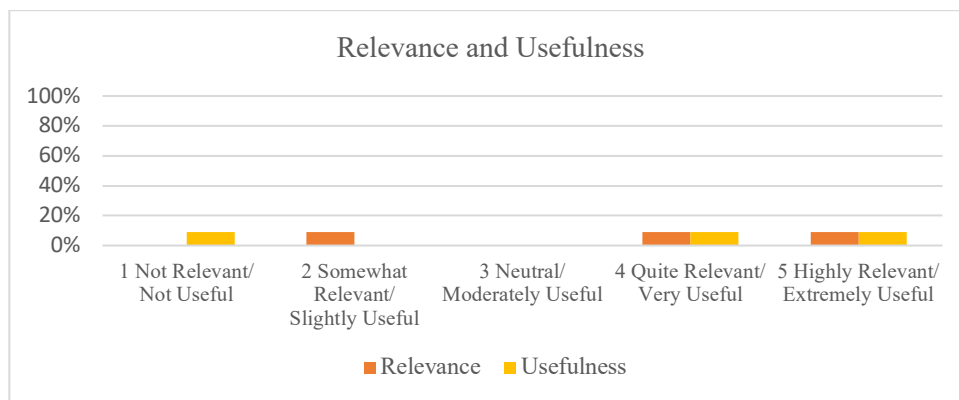
**Group 2** also obtained a total of 11 responses/respondents. Regarding the ethnographic data, 7 participants were female, 9% were between the ages of 18 and 24, 27% were between the ages of 25 and 34, 18% were between the ages of 35 and 44, and 9% were between the ages of 45 and 54. The other 4 participants were males, 27% were between the ages of 25 and 34, and the other 18% were between the ages of 35 and 44.



**Figure 29 – (Group 2) Age and Sex distribution amongst the participants**

When asked about their opinion on the quantity of information about mental health, support, and care, provided to them when they first came to Portugal, 91% felt that it was an inadequate

amount of information. 73% of the participants didn't know any of the initiatives listed, 18% knew about the "SNS 24 Psychological Phone Support", from which 9% also knew about "SPEAK for Ukraine (in association with BeHuman)", "The collaboration between Algarve Biomedical Center (ABC) and Faculdade de Ciências Biomédicas e de Medicina (FCBM) from the University of Algarve", and "Local collaborations between the Portuguese Psychologists Order and municipalities", one person knew only about the "SPEAK for Ukraine (in association with BeHuman)" initiative. For this group it was also asked if anyone had already used any mental health services and only one person answered positively to this question, meaning 91% of the inquired people did not use any mental health service ever since they arrived in Portugal. Since only three participants were aware of some of the initiatives listed, the results for the last three questions, which explored relevance and usefulness as well as perceived/actual barriers, are based on this pool only. When asked about relevance and usefulness of the initiatives marked as known, one of the participants answered they were "Somewhat Relevant" and "Not Useful", another answered that they were "Quite Relevant" and "Very Useful" and the last one viewed them as "Highly Relevant" and "Extremely Useful" (Figure 30).



**Figure 30 – (Group 2) Mental Health support initiatives relevance and usefulness score**

In terms of perceived and/or felt barriers, participants selected language barriers and lack of information twice each, and cultural, financial, and mobility/transportation barriers once each. In the second half of the questionnaire, after the MENTIS service proposal was presented to all participants, the focus of the questionnaire shifted to obtaining their opinions about MENTIS in several areas of validation.

The first section evaluated how these participants view MENTIS in terms of relevance and need. In **Group 1**, 55% of the answers indicated that the participants felt that the proposal shown before was “Highly Relevant”, 36% considered it “Quite Relevant” and 9% said it was “Somewhat Relevant”. While in **Group 2**, 64% of the participants found the service to be “Quite Relevant”, 27% “Highly Relevant” and 9% “Somewhat Relevant”. As for the usefulness of the service, 55% of **Group 1**’s participants considered it “Very Useful”, 36% “Extremely Useful” and 9% felt it was just “Moderately Useful”. For the same question, **Group 2**’s participants answers were as follows: 55% considered it “Very Useful”, 18% considered it “Very Useful” and another 18% “Moderately Useful”, and 9% felt it was “Slightly Useful”. Still in this section it was asked what were the barriers (within the group of barriers that were contemplated as being important during the design of the service) that they thought that this service could help address and facilitate by gapping the bridge. The answers from **Group 1** were as follows: “Lack of Information” and “Language Barriers” were chosen 82% times each, “Fear or Mistrust” 73% times, “Cultural Barriers” 45% times and “Other” (types of barriers) was chosen 9%. **Group 2**’s answers were: “Language Barriers” was chosen 73% times, “Lack of Information” and “Cultural Barriers” were chosen 55% times each, “Fear or Mistrust” 18% times and “Other” (types of barriers) was chosen 9% of the times.

In the features and functionality section the first question asked the participants to pick from a list of features, available on MENTIS, the ones they felt were most valuable:

**Table 2 – Most valuable/beneficial MENTIS’ features Group 1 vs Group 2**

<b>Feature Description</b>	<b>Group 1</b>	<b>Group 2</b>
The platform is available in different languages	91%	64%
Matching users with adequate support initiatives (that relate to the specific needs of the user: from linguistic preferences to mental health issues the user may have)	82%	36%
Validation of active support initiatives by an ethics’ and professionals’ panel	27%	18%
Centralization of information that relates to mental health initiatives (such as recording and listing all the mental health validated initiatives available in Portugal)	45%	82%
Easy access to curated information about mental health issues (testimonies, blog articles, professional advice, etc.)	36%	18%

Integration with trustworthy feedback platforms	36%	27%
Incentive's section with the functionality for healthcare professionals to create new and relevant initiatives	45%	18%
Other	0%	0%

On the free answer field for the question about features that were not mentioned on the list and that the participants may have felt were important to add, only 1 answer from a participant belonging to **Group 2** was obtained, and the proposed feature description was: *“It would be very eye catching to see an advertisement in the native language of the refugees.”*

The next section's purpose was to evaluate the cultural sensitivity that the proposed service tries to convey to the users and stakeholders. For this evaluation it was deemed essential to understand what was the stakeholders' view on the importance of cultural sensitivity for mental health services provided to refugees. The answers given by **Group 1** ranged between “Important” 45% and “Very Important” 55% (on a Likert scale). **Group 2**'s answers ranged between “Moderately Important” 36%, “Important” 37% and “Very Important” 27%. Afterwards the participants were asked, taking into consideration that the platform's information and available resources would be curated by a diverse panel of professionals from several relevant areas and backgrounds (medicine, psychology, social sciences, etc.), if they believed that the proposed service would demonstrate an adequate level of cultural sensitivity, to which, from **Group 1**, 45% answered “Yes”, 45% answered “Maybe, with some improvements” and 9% answered “I don't have an opinion on that”. Whereas from **Group 2**, 45% people said “Yes”, 36% said “Maybe, with some improvements” and 18% said “I don't have an opinion on that”. The last question of this section sought out their opinions on the potential that MENTIS may have to bridge cultural gaps and foster a sense of belonging and understanding for the refugee community, taking into consideration the platform's feature to match mental health support initiatives to specific needs of the user pinpointed while filling out the triage questionnaire. **Group 1**'s answers were as follows: 55% said “Maybe”, 36% said “Yes” and 9% said “I don't have an opinion on that”. As for **Group 2**, 64% said “Maybe”, 27% said “Yes” and 9% said “I don't have an opinion on that”.

The following section focused on the level of accessibility that they thought MENTIS could provide, and it included 1 Likert scale and 2 open-ended responses (to try to get a little more

input on the accessibility issue). In the first question, participants were asked to consider the extensive marketing strategy that would be carried out through several different channels in order to reach the maximum number of users and make them aware of the existence of this service, as well as the fact that the MENTIS digital platform would be available in several languages, before giving their opinion on how easy and accessible this platform would be for refugees to engage with when entering Portugal. The answers from **Group 1** ranged between “Moderately Accessible” and “Very Accessible”, with 18% of the participants chose “Moderately Accessible”, 45% chose the “Accessible” option and 36% selected “Very Accessible”. On the two free field questions/answers, no answer was obtained from **Group 1**. From **Group 2**, 1 answer was obtained for each free field question, for the first question about foreseeable barriers/challenges in accessing and/or using the proposed service, 1 participant said *“Some applications do not work from the phone and you need to look for a computer, this is very inconvenient.”*, as for the second question that asked about any ideas for the creation of additional measures to ensure that the service was easily accessible for refugees, another participant gave the following input *“Partnering with venues like shopping malls and grocery stores to place brochures about the service, also maybe hosting Q&A sessions on Youtube where people could anonymously ask questions and get responses, that would be broadcasted , that will help introduce the idea of getting help as well as spread awareness of the organization.”*

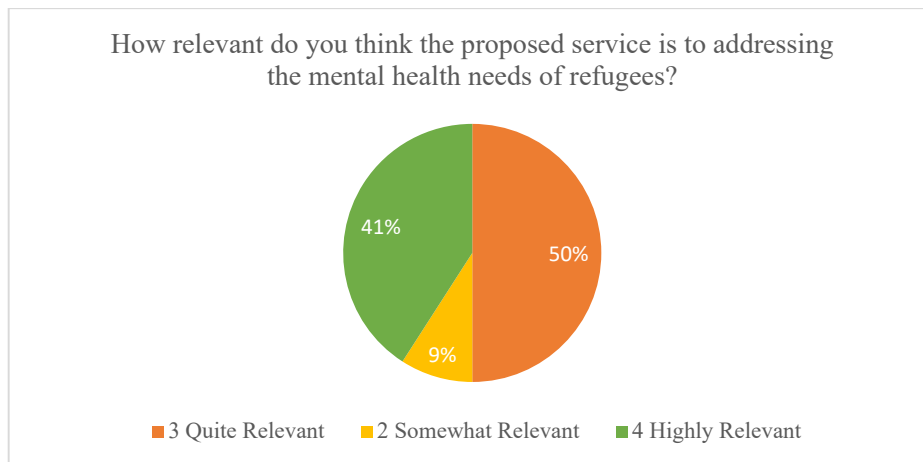
Next the participants were questioned about their opinion on the potential impact of the proposed service. In the first question they were asked if they thought that MENTIS could contribute to the improvement of the overall mental health support available in Portugal for the Ukrainian refugee communities. The answers from **Group 1** ranged from “Moderately Likely” with 18% of the participants choosing that option, “Likely” was chosen by 45% of the people and “Extremely Likely” by 36%. On **Group 2**'s side the answers were the following: 55% of the participants said it was “Likely”, 18% said it would be “Extremely Likely” and another 18% said it would be “Moderately Likely”, and 9% said it would be “Slightly Likely”. The second question asked the participants about their level of agreement with the following sentence: "The proposed service would have a positive impact on the mental well-being and integration of refugees in Portugal.", to which, from **Group 1**, 64% of the participants said they “Agree”, 27% said they “Strongly

Agree” and 9% said she was “Undecided”, and from **Group 2**, 64% of the participants said they “Agree”, 27% said they were “Undecided” and 18% said they “Strongly Agree”.

For the last section of the questionnaire the participants were asked to choose, based on what they had learned about MENTIS, from a scale of 1 to 10 (1 being Very Unlikely and 10 being Extremely Likely), how likely were they to use or recommend this service. **Group 1**’s the average score obtained was 8, 27% of the participants chose 10, 27% chose 8, 18% chose 7, 9% chose 9 and 9% chose 5. As for **Group 2**, the average score obtained was 7, 27% people chose 8, 27% chose 7, 27% chose 5 and 18% chose 10. For the free answer field about any recommendations or suggestions that may help improve the MENTIS service, no answers were obtained from both **Group 1** and **Group 2**.

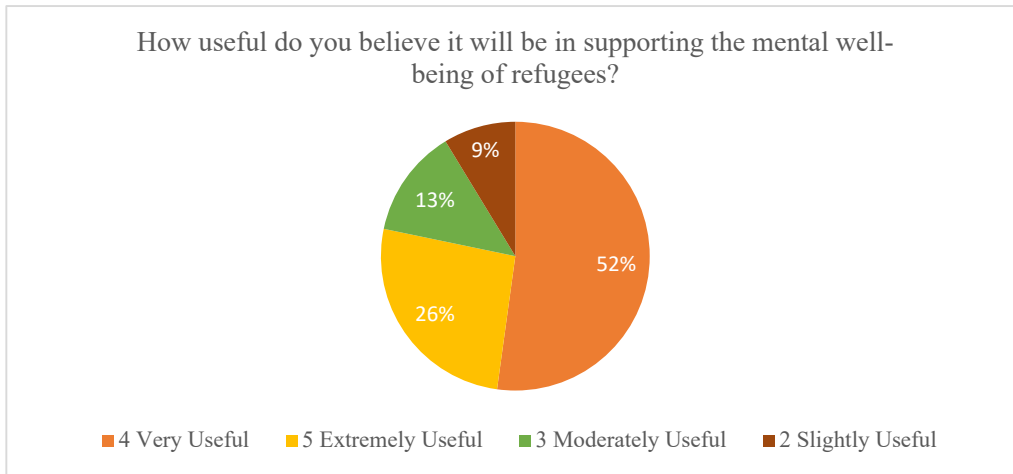
As for the overall data, meaning the conjugation of all answers from both groups, relative only to the evaluation of the MENTIS service these were the main insights:

- As far as the relevance levels of the service proposal goes, half of the participants felt it was “Quite Relevant” and a close to half, 41% of the participants, felt it was “Highly Relevant”.



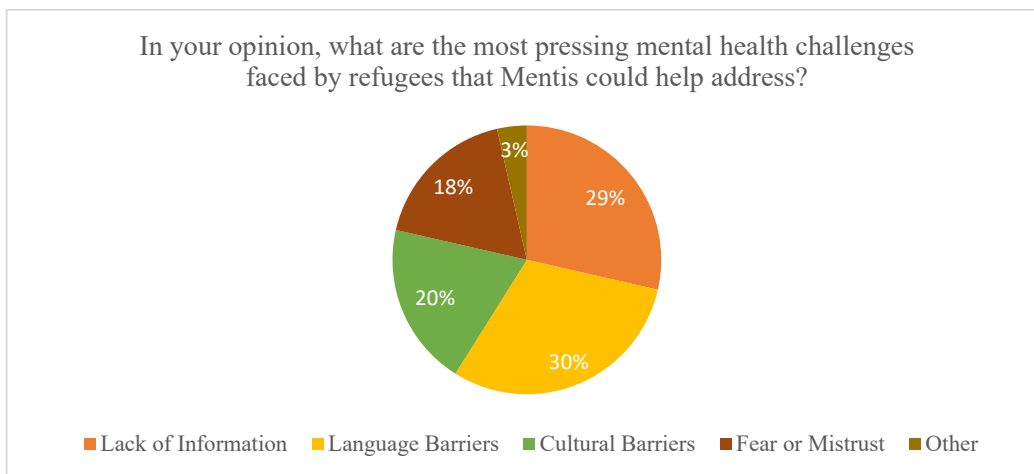
**Figure 31 – MENTIS service proposal level of relevance (overall)**

- When asked about usefulness, more than half felt it was “Very Useful” and at least 26% said it was “Extremely Useful”.



**Figure 32 – MENTIS service proposal level of usefulness (overall)**

- When asked about which barriers MENTIS could help address, 30% said “Language Barriers” followed by a close 29% who answered, “Lack of Information”, 20% for “Cultural Barriers” and a close 18% who also picked “Fear or Mistrust”, and 4% thought that it might also help address “Other” barriers.



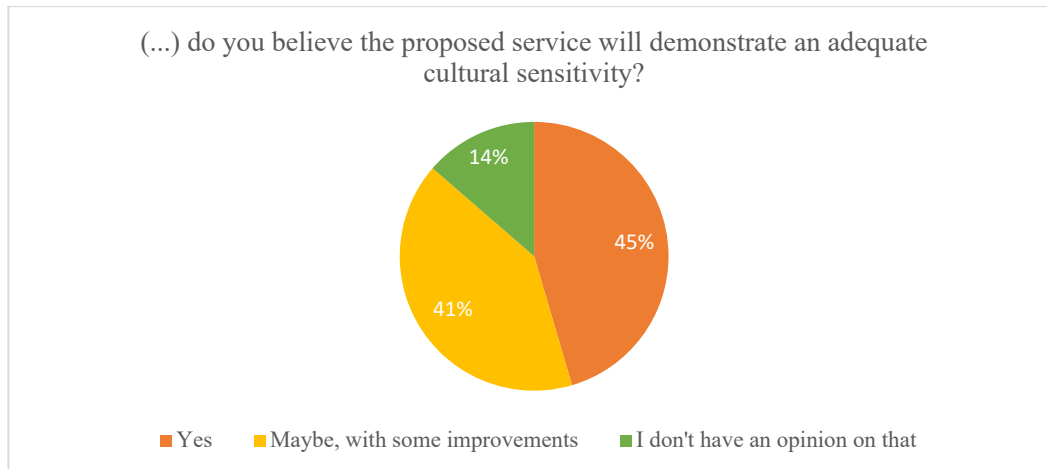
**Figure 33 – Mental health challenges that may be address by MENTIS (overall)**

- The features mostly valued by the participants were as follows:

**Table 3 – Most valuable/beneficial MENTIS’ features (overall)**

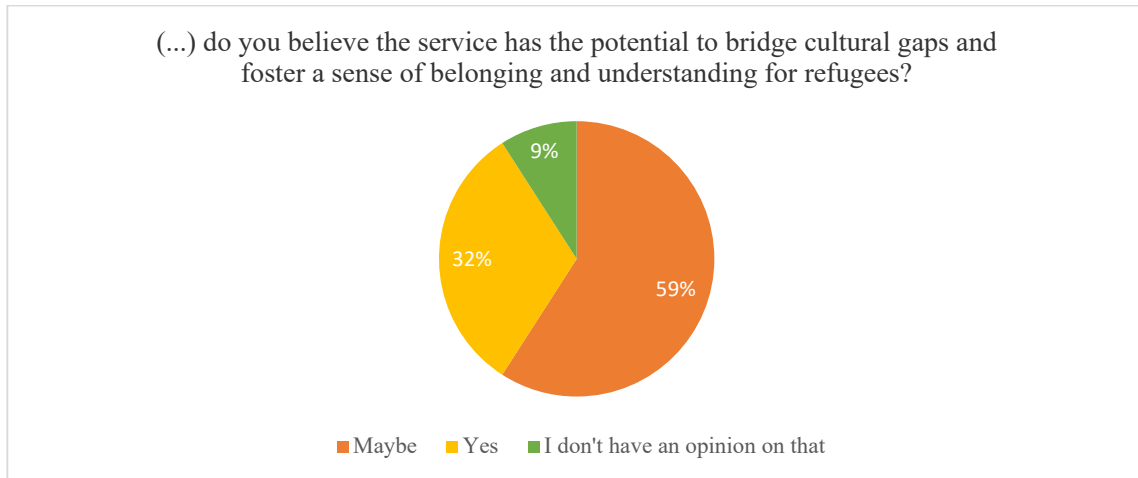
<b>Feature Description</b>	<b>Value</b>
The platform is available in different languages	25%
Matching users with adequate support initiatives (that relate to the specific needs of the user: from linguistic preferences to mental health issues the user may have)	19%
Validation of active support initiatives by an ethics’ and professionals’ panel	7%
Centralization of information that relates to mental health initiatives (such as recording and listing all the mental health validated initiatives available in Portugal)	20%
Easy access to curated information about mental health issues (testimonies, blog articles, professional advice, etc.)	9%
Integration with trustworthy feedback platforms	10%
Incentive’s section with the functionality for healthcare professionals to create new and relevant initiatives	10%
Other	0%

- Almost half of the participants thought that the service proposal demonstrated an adequate amount of cultural sensitivity, followed by a close 41% that felt that with some improvements the service would have an adequate amount of cultural sensitivity.



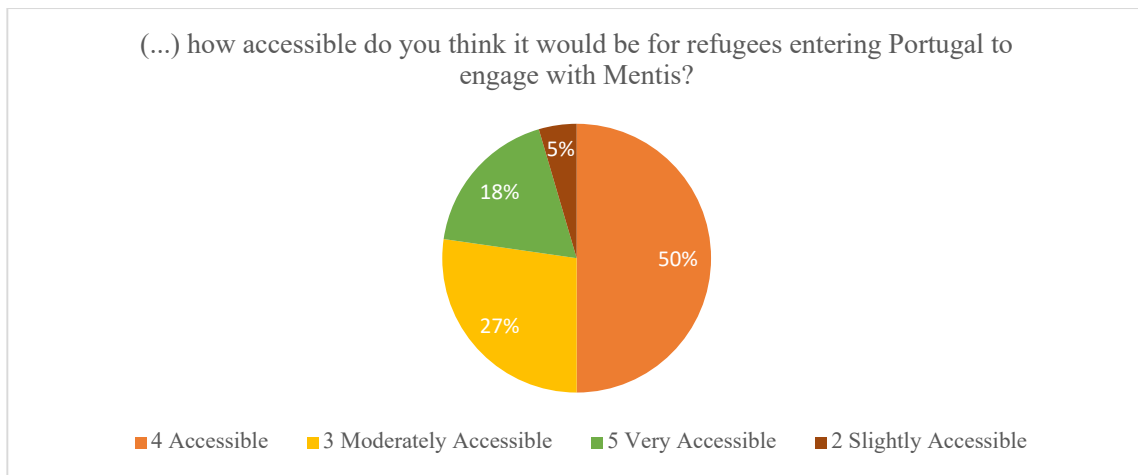
**Figure 34– Cultural sensitivity displayed by MENTIS (overall)**

- When asked if they felt that the platforms' feature to match mental health support services with the refugees' needs, pinpointed via a triage questionnaire, would help bridge cultural gaps 59% of the participants said "Maybe" and 32% said "Yes".



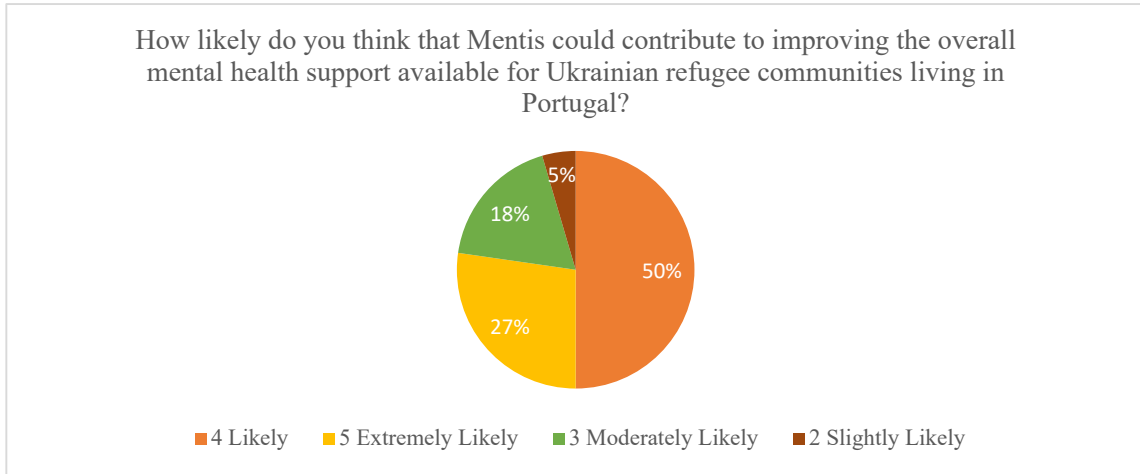
**Figure 35 – MENTIS' potential to bridge cultural gaps (overall percentage)**

- The accessibility and easiness to engage with was rated by half of the participants as "Accessible" followed by "Moderately Accessible" with 27%.



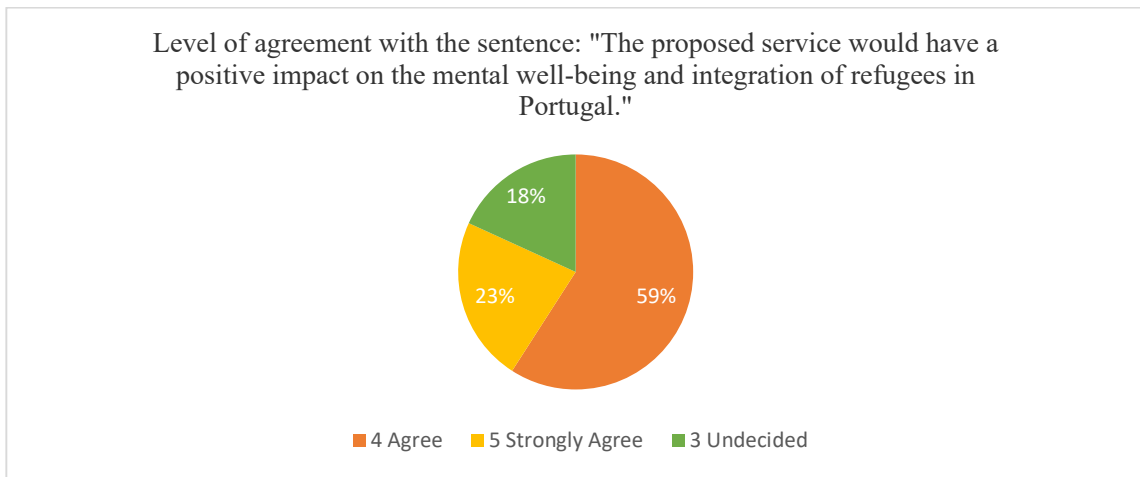
**Figure 36 – MENTIS' accessibility level for refugees (overall percentage)**

- Half of the participants felt that MENTIS would "Likely" contribute to improving the overall mental health support available for Ukrainian refugees living in Portugal, and 27% thought it would be "Extremely Likely".



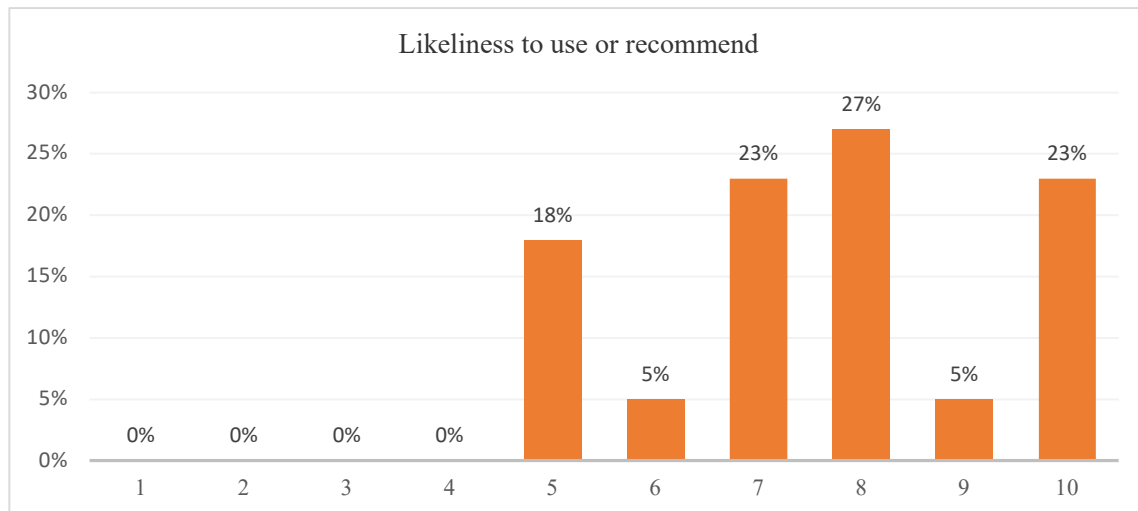
**Figure 37 – MENTIS’ likeliness to contribute to the overall mental health support improvement (overall percentage)**

- More than half of the participants, 59%, said they “Agree” with the following sentence: "The proposed service would have a positive impact on the mental well-being and integration of refugees in Portugal.", and 23% said they “Strongly Agree”.



**Figure 38 – Level of agreement with the sentence provided (overall percentage)**

- Finally, 27% of the participants rated the likeliness of using it or recommending it, on a scale from 1 to 10, with an 8, 23% with a 10 and another 23% with a 7.



**Figure 39 – Level of agreement with the sentence provided (overall)**

### 5.6.3. Results discussion

With the previous analysis, it was clear that there were some debatable results and very enlightening insights on the service proposal made.

On the first part of the questionnaire the results obtained suggest that the refugees receive an inadequate amount of information about mental health support when they enter the country (91% of the participants in both Group 1 and Group 2 answered “No” to the question “Do you think that refugees entering Portugal for the first time receive an adequate amount of information about available mental health support services?”). As for the active initiatives available in Portugal, for mental health support, every healthcare professional that participated on the questionnaire, knew about at least 1 of the initiatives mentioned on the list, the most well-known one was the “SNS 24 - Psychological Phone Support” which was known by every participant from that group. But it should be noticed that 55% of the participants, from the previously mentioned group, knew only the “SNS 24” initiative. Whereas on the Group 2’s side only 27% of the participants, knew about any of the listed initiatives, “SNS 24 - Psychological Phone Support” and “SPEAK for Ukraine (in association with BeHuman)” were 18% of the times each. The results obtained for both groups show a marked lack of information, more so for Group 2, but it is still worrying for Group 1 that so many health professionals didn't know of any other initiative than “SNS 24”, which is

linked to the National Health Service and therefore more easily known by these professionals. Again, the results obtained in this question suggested that the professionals working in health centers also lack information about outside resources that could be passed onto their refugee patients. Within the healthcare community it's clear that initiatives outside of the National Health Service are considered both useful and relevant for helping refugees with their needs. As far as barriers to the access of the known initiatives, from Group 1 the most perceived barriers were "Linguistic" (31%) and "Lack of Information" (24%). In Group 2, out of the 27% that were able to participate in this section of the questionnaire since they knew some of the initiatives listed on the previous section, 66% chose "Linguistic Barriers" as well as "Lack of Information", 33% chose "Cultural Barriers" as well as "Mobility/Transportation" and "Financial Barriers".

Moving on to the results obtained for the actual validation of the MENTIS service proposal.

***Relevance:***

Concerning the relevance and need perceived by Group 1's majority was that the proposed service was "Highly Relevant" and "Very Useful" and by Group 2's majority was that it was "Quite Relevant" and "Very Useful".

***Barriers:***

And both groups had equivalent answers when asked about what kind of barriers MENTIS could help address. "Lack of Information", "Linguistic Barriers" and "Cultural Barriers" were the most evenly chosen ones between both groups.

***Features:***

The features chosen by each group as the most valuable or beneficial show some interesting divergent opinions which can lead to several different conclusions. The main/final users of the platform would be Group 2 participants and it is clear that what they most value on the platform is the centralization of information that refers to mental health initiatives, which matches the

primary ideas had for this service, followed by the fact that the service provides language choices which impact the full interaction with the platform. Interestingly enough the functionality to match users with adequate support initiatives (that relate to the users' needs) was only the third most chosen and out of 11 participants from Group 2 only 4 (36%) users chose this as a valuable feature, whereas Group 1's participants (which aren't the main users of this service) chose this feature as the second most valuable one and considered the centralization of information to be the third most important feature (45% of the participants chose this feature). For a better overview of this scoring please go back to Table 1 on the previous sub-chapter. This is an important insight to be taken into consideration for future iterative work, focusing on the improvement and valorization of the service for its end user, the refugees.

### ***Cultural sensitivity:***

Cultural sensitivity was considered by both groups as at least "Important" for services that deal with refugee communities, as well as, both groups seemed to consider that MENTIS had an adequate cultural sensitivity due to the platform's information and available resources being curated by a diverse panel of professionals from several relevant areas and backgrounds (medicine, psychology, social sciences, etc.). Also, both groups seemed undecided, with most answers tending to "Maybe", when asked if due to the matching feature between the refugees needs and the initiatives proposed to them would help foster a sense of belonging and understanding.

### ***Accessibility:***

When talking about the accessibility while considering that an extensive marketing strategy through several diverse channels in order to reach the maximum number of possible users and make them aware of the existence of this service would be made, as well as the fact that MENTIS' digital platform would be available in several languages, both groups considered it "Accessible" by those patterns.

### ***Likeliness:***

On the question about the likeliness of MENTIS contributing to improve the overall mental health support available for Ukrainian refugees in Portugal, both groups considered it “Likely”, with Group 2 taking the lead in the number of participants that felt this way about the service. Both groups also tended towards agreeing (Group 1 – 64% of the participants answered “Agree”; Group 2 – 55% of the participants also answered “Agree”) with the sentence provided about the potentially positive impact that MENTIS could have on the mental well-being and integration of refugees in Portugal.

The average scores of likeliness to use or recommend MENTIS in each group was very close (Group 1’s average: 8 points; Group 2’s average: 7 points) which indicates a positive overall score of 8 points leading to the inference that, although the service still needs to be iterated and improved, both groups found the proposal a valuable one, with potential for improving the mental healthcare panorama for refugees coming to Portugal.



## 6. CONCLUSION

### 6.1. Research Objectives' Recap

Initially, the main objectives of this study were to understand if and how a service developed using Service Design and Human Centered Design methodologies could positively impact the Ukrainian refugee community living in Portugal since the beginning of the war, who may have mental health needs due to the situation that caused them to flee their country. In the course of the research, these objectives were addressed through a literature review, several rounds of interviews/questionnaires with the pre-defined stakeholders of this potential service (to gather qualitative data on the subject), desk and blue-skies research to deepen the knowledge on the subject and related areas, and a final validation questionnaire (to gather quantitative data on the designed service proposal).

During this research all of the initially proposed specific objectives were met:

- The identification and analysis of the specific structural, economic, and social barriers that limit the accessibility of mental health care services for war refugees in Portugal.
- The assessment of the availability, adequacy, and distribution of mental health care resources.
- The exploration of the role played by cultural competence, language proficiency, and mental health literacy in the process of facilitating or hindering the utilization of mental health services.
- The examination of the perceptions, beliefs, and attitudes of war refugees toward mental health care, with a focus on stigma reduction and awareness campaigns.
- The documentation and analysis of the personal narratives and coping strategies of war refugees who have successfully accessed mental health care, for purposes of identifying best practices and strategies for improving access and utilization.
- The documentation and analysis of the potential contributions that an on-line accessibility platform may bring to these communities in Portugal.

Albeit some of these objectives were slightly compromised by small sample sizes, the insights gained from these touchpoints were still interesting and informative enough to draw enough conclusions and parallels.

With regard to the hypothesis made at the beginning of this thesis that the creation of a platform, as part of an accessibility to mental health care service, could contribute to:

1. Increase the accessibility of Ukrainian refugees to mental health services and support initiatives;
2. Raise awareness of mental health issues among Ukrainian refugees;
3. To increase the likelihood of earlier assessment and treatment of mental health problems;
4. To increase the sense of belonging and help refugees integrate into Portuguese society.

According to the results of the validation questionnaire, it was found that at least the proposed service could help to increase the accessibility and knowledge of Ukrainian refugees about mental health issues and available initiatives or support services in Portugal. It is not clear from the validation results whether this service would effectively increase the likelihood of earlier assessment and treatment of mental health problems, although it can be inferred that easier access to information about mental health and available health initiatives may have some positive impact on the timeframe of events. In terms of promoting a sense of belonging, the hypothesis was neither confirmed nor denied, as most participants felt undecided when asked about this issue.

## **6.2. Key Findings**

- One of the key findings of this research was that the use of a service design process and methodology can effectively lead to the creation of a human-centered solution to the complex problem of limited access to mental health care among refugee communities, which can help expedite the diagnosis and treatment of several common mental health conditions among war refugees, such as PTSD. This solution has the potential to streamline the workflow of these professionals when considering the involvement of various stakeholders, including public health professionals and those creating support

initiatives for the most vulnerable individuals who struggle to access timely care through the National Health System due to systemic issues. In addition, it can help ease the burden on the public health sector, which has been stretched thin by various global emergencies in recent years. In essence, this underscores the importance of early involvement of key stakeholders in the design or redesign of services, as this often leads to positive improvements in the targeted areas.

- Collaborative efforts that involve stakeholders from diverse backgrounds can open doors to fresh perspectives and lead to a comprehensive understanding of complex issues. Such cross-collaboration fosters the development of holistic solutions to complicated problems.
- Another important finding relates to the mental health needs of Ukrainian refugee communities in Portugal. Beyond the usual barriers to accessing mental health care, such as language barriers, cultural differences, stigma, fear and mistrust, the most prevalent and difficult obstacle to overcome was the lack of information and guidance available here in Portugal. This particular finding played a key role in shaping the ideas and potential solutions that make up this service design project.

### **6.3. Limitations**

This project was limited by time and resources, resulting in a reduction in the complexity and scope of the research. This led to a reduction in the number of interviews and data collection, which did not reach the desired level. These limitations also affected the creation phase, where the process was not made by involving stakeholders in validation and iteration rounds (which would have been an ideal situation), making the creation process for this project more centered on the evidence gathered in the previous research and empathic phases, as well as the designer's conclusions and ideas.

Another major limitation of this study was the small sample sizes used at various stages of the research. Finding participants for interviews and questionnaires proved to be a challenge, which limited the diversity and representation of the sample. The low response rate for questionnaires

and interviews alike, could introduce non-response bias and affect the overall validity of the data obtained. It is also important to acknowledge that qualitative data is subject to some degree of researcher bias and interpretation. Despite efforts to maintain objectivity, the researcher's preconceptions and beliefs may have influenced the data analysis and findings. As a result, the findings may not fully generalize to the broader population of Ukrainian refugees, and healthcare professionals, and the conclusions drawn should be interpreted with caution. It is advised that the unique characteristics of the participants and the specific context of the study should be considered when applying the results to other settings.

Due to the time and resource constraints, it was not possible to incorporate a more collaborative and interactive approach during the design phase, which may have resulted in a service proposal with functionalities or features that did not fully meet the needs of the target population. One of these features, which was highlighted by the results of the final questionnaire, was the feature that allowed the user to be matched to a specific set of initiatives according to their needs. This observation has already been made and elaborated in the chapter on the discussion of the results (5.6.3. Discussion of the results).

By acknowledging these limitations, this research demonstrates transparency and a critical self-assessment of its potential weaknesses. Despite these challenges, the findings still provide valuable insights into the mental health support challenges faced by Ukrainian refugees upon arrival in Portugal and provide a basis for future research and service design improvements, even for refugees of other nationalities and arriving for reasons other than war. It is important to interpret the findings in the context of these limitations and use them to inform further advances in mental health support services for these vulnerable populations.

#### **6.4. Recommendations for Future Work**

In reflecting on the trajectory of this project, several avenues for future exploration and advancement emerge. These recommendations provide a roadmap for researchers to further explore and develop health-related services while keeping the focus on the end user and all stakeholders involved.

First, researchers are encouraged to explore unexplored aspects of service design for public health and other public systems/services. A more nuanced understanding can be achieved by examining specific facets that have not yet been comprehensively studied. These uncharted territories hold the potential for groundbreaking discoveries and insights, particularly in the area of improving access to mental health care, which, according to the WHO, remains one of the most neglected areas of health care due to various motives including access barriers that vary according to the culture and society of each country.

Considering the project developed for this thesis, the next steps would be iteration of the concept until it was solid enough to be able to be implemented and launched to the public. For the next iteration phases, professionals from the areas mentioned on the concept maps of this service (Business Model Canvas and Service Blueprint), such as psychologists, doctors from different areas (Primary Care and Psychiatry), professionals from social sciences backgrounds and even developers as well as professionals from creative areas (to help consolidate the visual part of the service) would need to be consulted and included in the process of the service and its product development. Considering some of the insights gathered with the validation questionnaire, one of the areas of improvement should be the features and functionalities of the service digital platform as well as the means of marketing the service to make it well known. As shown by the results of the questionnaire, for example, the “matching of refugees to initiatives” feature was not seen as something valuable for the end users, although for healthcare stakeholders it was seen as important, that would be one of the points that needed to be better understood and iterated upon, by possibly creating some focus groups and presenting the proposal and discussing about these functionalities more freely than via a questionnaire. On the marketing side it is a valid concern that a special and dedicated marketing strategy needs to be better developed, taking into consideration the targeted audiences’ specific characteristics and the propagation channels (physical and digital) available as well as those channels best practices for augmented engagement.

## **6.5. Conclusion**

In conclusion, this study has provided valuable insights into the accessibility of refugees to mental health support services and how it can potentially be improved by using service design methodologies and human centric design. The findings and contributions outlined in this section demonstrate the significance of this research within the broader context of Service Design for Public Healthcare Systems. As the field moves forward, it is clear that there is still much more to explore in this area, and so this work serves as a foundation for future studies and future projects. As this chapter closes, anticipation grows for the continued advancement of knowledge in this field and the potential for positive change it may bring to nowadays' societies.

## REFERENCES

- Al-Soleiti, M., Abu Adi, M., Nashwan, A., & Rafla-Yuan, E. (2021). Barriers and opportunities for refugee mental health services: clinician recommendations from Jordan. *Global Mental Health, 8*. <https://doi.org/10.1017/gmh.2021.36>
- Andrade, L. H., Alonso, J., Mneimneh, Z., Wells, J. E., Al-Hamzawi, A., Borges, G., Bromet, E., Bruffaerts, R., De Girolamo, G., De Graaf, R., Florescu, S., Gureje, O., Hinkov, H. R., Hu, C., Huang, Y., Hwang, I., Jin, R., Karam, E. G., Kovess-Masfety, V., ... Kessler, R. C. (2014). Barriers to mental health treatment: Results from the WHO World Mental Health surveys. *Psychological Medicine, 44*(6), 1303–1317. <https://doi.org/10.1017/S0033291713001943>
- Andrawes, L., Johnson, T., & Coleman, M. (2021). Complexity in Health: Can Design Help Support Interdisciplinary Solutions? *Global Health Science and Practice, 9*, S217–S225. <https://doi.org/10.9745/GHSP-D-21-00222>
- Boenigk, S., Kreimer, A. A., Becker, A., Alkire, L., Fisk, R. P., & Kabadayi, S. (2021). Transformative Service Initiatives: Enabling Access and Overcoming Barriers for People Experiencing Vulnerability. *Journal of Service Research, 24*(4), 542–562. <https://doi.org/10.1177/10946705211013386>
- Brown, T., & Katz, B. (2011). Change by design. *Journal of Product Innovation Management, 28*(3). <https://doi.org/10.1111/j.1540-5885.2011.00806.x>
- Buchanan, R. (1992). Wicked Problems in Design Thinking. *Design Issues, 8*(2). <https://doi.org/10.2307/1511637>
- Buchanan R. (1998). *Branzi's Dilemma: Design in Contemporary Culture*. *Building on progress: Public services*. (n.d.). Retrieved September 24, 2023, from <https://webarchive.nationalarchives.gov.uk/ukgwa/20100304125017/http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/building.pdf>
- Byrne, L., & Wykes, T. (2020). A role for lived experience mental health leadership in the age of Covid-19. *https://Doi.Org/10.1080/09638237.2020.1766002, 29*(3), 243–246. <https://doi.org/10.1080/09638237.2020.1766002>

- Byrow, Y., Pajak, R., McMahon, T., Rajouria, A., & Nickerson, A. (2019). Barriers to mental health help-seeking amongst refugee men. *International Journal of Environmental Research and Public Health*, *16*(15). <https://doi.org/10.3390/ijerph16152634>
- Carlstedt, R. A. (2010). Handbook of integrative clinical psychology, psychiatry, and behavioral medicine: Perspectives, practices, and research. In *Handbook of integrative clinical psychology, psychiatry, and behavioral medicine: Perspectives, practices, and research*.
- Cooley, M. (1987). Human centred systems: An urgent problem for systems designers. *AI & Society*, *1*(1). <https://doi.org/10.1007/BF01905888>
- Denov, M., & C. Shevell, M. (2019). Social work practice with war-affected children and families: the importance of family, culture, arts, and participatory approaches. In *Journal of Family Social Work* (Vol. 22, Issue 1, pp. 1–16). Routledge. <https://doi.org/10.1080/10522158.2019.1546809>
- DeSa, S., Gebremeskel, A. T., Omonaiye, O., & Yaya, S. (2022). Barriers and facilitators to access mental health services among refugee women in high-income countries: a systematic review. *Systematic Reviews*, *11*(1), 1–12. <https://doi.org/10.1186/S13643-022-01936-1/TABLES/1>
- Design-Led Innovation in Government*. (n.d.). Retrieved September 24, 2023, from [https://ssir.org/articles/entry/design\\_led\\_innovation\\_in\\_government#](https://ssir.org/articles/entry/design_led_innovation_in_government#)
- Drescher, A., Kiselev, N., Akhtar, A., Acarturk, C., Bryant, R. A., Ilkkursun, Z., von Känel, R., Miller, K. E., Pfaltz, M. C., Schick, M., Schnyder, U., Sijbrandij, M., Spaaij, J., & Morina, N. (2021). Problems after flight: understanding and comparing Syrians' perspectives in the Middle East and Europe. *BMC Public Health*, *21*(1). <https://doi.org/10.1186/s12889-021-10498-1>
- Edelstein, B., Spalding, R., & Katz, E. (2022). Mental Health and Treatment Considerations for Older Adults. *Comprehensive Clinical Psychology*, 428–445. <https://doi.org/10.1016/B978-0-12-818697-8.00137-0>
- Euaa. (2022). *Annual Report on the Situation of Asylum in the European Union-v1 for comments- Not for circulation SUPPORT IS OUR MISSION*. <https://doi.org/10.2847/500804>
- Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *Lancet*, *365*(9467). [https://doi.org/10.1016/S0140-6736\(05\)61027-6](https://doi.org/10.1016/S0140-6736(05)61027-6)

- Fegert, J. M., Diehl, C., Leyendecker, B., Hahlweg, K., Prayon-Blum, V., Schuler-Harms, M., Werding, M., Andresen, S., Beblo, M., Diewald, M., Fangerau, H., Gerlach, I., Kreyenfeld, M., Nebe, K., Ott, N., Rauschenbach, T., Spieb, C. K., & Walper, S. (2018). Psychosocial problems in traumatized refugee families: Overview of risks and some recommendations for support services. *Child and Adolescent Psychiatry and Mental Health, 12*(1).  
<https://doi.org/10.1186/s13034-017-0210-3>
- Frayling, C. (1993). Research in Art and Design. *Royal College of Art Research Papers, 1*(1).  
*HC 410 User Involvement in Public Services Sixth Report of Session 2007-08 Report, together with formal minutes The Public Administration Select Committee.* (2008).  
[www.parliament.uk](http://www.parliament.uk).
- Hodes, M., & Vostanis, P. (2019). Practitioner Review: Mental health problems of refugee children and adolescents and their management. In *Journal of Child Psychology and Psychiatry and Allied Disciplines* (Vol. 60, Issue 7, pp. 716–731). Blackwell Publishing Ltd.  
<https://doi.org/10.1111/jcpp.13002>
- Howlett, M. (2019). Designing public policies: Principles and instruments: Second edition. In *Designing Public Policies: Principles and Instruments: Second edition*.  
<https://doi.org/10.4324/9781315232003>
- IDEO. (2018). Design Kit: The Human-Centered Design Toolkit. In *IDEO*.
- Im, H., & Swan, L. E. T. (2022). Factors Influencing Improvement of Trauma-Related Symptoms Among Somali Refugee Youth in Urban Kenya. *Community Mental Health Journal, 58*(6), 1179–1190. <https://doi.org/10.1007/S10597-021-00928-0/TABLES/4>
- JN Agências. (2022, October 10). Portugal já acolheu mais de 53 mil refugiados da Ucrânia. *Jornal de Notícias*. <https://www.jn.pt/nacional/portugal-acolheu-mais-de-52-mil-refugiados-da-ucrania-15239617.html>
- Katherine A., Batterton, & and Kimberly N. Hale. (n.d.). *The Likert Scale What It Is and How To Use It on JSTOR*. Retrieved September 29, 2023, from  
<https://www.jstor.org/stable/26296382>
- Kerbage, H., Marranconi, F., Chamoun, Y., Brunet, A., Richa, S., & Zaman, S. (2020). Mental Health Services for Syrian Refugees in Lebanon: Perceptions and Experiences of Professionals and Refugees. *Qualitative Health Research, 30*(6), 849–864.  
<https://doi.org/10.1177/1049732319895241>

- Kim, W., Yalim, A. C., & Kim, I. (2021). “Mental Health Is for Crazy People”: Perceptions and Barriers to Mental Health Service Use among Refugees from Burma. *Community Mental Health Journal*, 57(5), 965–972. <https://doi.org/10.1007/s10597-020-00700-w>
- Kimbell, L. (2011). Designing for Services as One Way of Designing Services (Kimbell 2011). *International Journal of Design*, 5(2), 41–52. <http://search.proquest.com/openview/e1e4f3880d736d77227dd08b3167ff86/1?pq-origsite=gscholar&cbl=466416>
- Kiselev, N., Morina, N., Schick, M., Watzke, B., Schnyder, U., & Pfaltz, M. C. (2020). Barriers to access to outpatient mental health care for refugees and asylum seekers in Switzerland: The therapist’s view. In *BMC Psychiatry* (Vol. 20, Issue 1). BioMed Central Ltd. <https://doi.org/10.1186/s12888-020-02783-x>
- Klyklyo, W. M., & Kay, J. (2012). Clinical Child Psychiatry, Third Edition. In *Clinical Child Psychiatry, Third Edition*. <https://doi.org/10.1002/9781119962229>
- Kolko, J. (2010). Abductive thinking and sensemaking: The drivers of design synthesis. *Design Issues*, 26(1). <https://doi.org/10.1162/desi.2010.26.1.15>
- Letica-Crepulja, M., Salcioglu, E., Frančišković, T., & Basoglu, M. (2011). Factors associated with posttraumatic stress disorder and depression in warsurvivors displaced in Croatia. *Croatian Medical Journal*, 52(6), 709–717. <https://doi.org/10.3325/cmj.2011.52.709>
- Manzini, E. (2015). Design, When Everybody Designs. An Introduction to Design for Social Innovation. In *Design, When Everybody Designs*.
- Martin, R. C. (2014). *Agile software development, principles, patterns, and practices*. *Mental Health Act 2014*. (n.d.).
- Mishra, P., & Sandhu, J. S. (2021). Design Is an Essential Medicine. *Global Health Science and Practice*, 9, S195–S208. <https://doi.org/10.9745/GHSP-D-21-00332>
- Nickerson, A., Kashyap, S., Keegan, D., Edwards, B., Forrest, W., Bryant, R. A., O’Donnell, M., Felmingham, K., McFarlane, A. C., Tol, W. A., Lenferink, L., Hoffman, J., & Liddell, B. J. (2022). Impact of displacement context on psychological distress in refugees resettled in Australia: a longitudinal population-based study. *Epidemiology and Psychiatric Sciences*, 31. <https://doi.org/10.1017/S2045796022000324>
- Norman, D. (2016). The Design of Everyday Things. In *The Design of Everyday Things*. Vahlen. <https://doi.org/10.15358/9783800648108>

- Nosè, M., Ballette, F., Bighelli, I., Turrini, G., Purgato, M., Tol, W., Priebe, S., & Barbui, C. (2017). Psychosocial interventions for post-traumatic stress disorder in refugees and asylum seekers resettled in high-income countries: Systematic review and meta-analysis. *PLOS ONE*, *12*(2), e0171030. <https://doi.org/10.1371/JOURNAL.PONE.0171030>
- Raadschelders, J. C. N., Larrison, J., & Thapar, A. V. (2019). Refugee Migration as a “Wicked Problem”: American Controlling, Palliative, and Governance Policies in Global Context. *World Affairs*, *182*(3), 228–255. [https://doi.org/10.1177/0043820019864103/ASSET/IMAGES/LARGE/10.1177\\_0043820019864103-FIG2.JPEG](https://doi.org/10.1177/0043820019864103/ASSET/IMAGES/LARGE/10.1177_0043820019864103-FIG2.JPEG)
- Shostack, L. (1984). *Designing Services That Deliver*. <https://hbr.org/1984/01/designing-services-that-deliver>
- Stickdorn, M., Hormess, M., Lawrence, A., & Schneider, J. (2018). This is Service Design Doing: Applying Design in the Real World. In *This is service design doing*.
- Stickdorn, M., Hormess, M., Lawrence, A., & Schneider, J. (Economist). (2017). This is service design doing : applying service design thinking in the real world : a practitioner’s handbook. *This Is Service Design Doing*.
- Telalbasic, I., & Bofylatos, S. (2019). Designing the Invisible: An Introduction to Service Design , by Lara Penin . *The Design Journal*, *22*(4). <https://doi.org/10.1080/14606925.2019.1615677>
- The User Generated State: Public Services 2.0 - Social Media DNA*. (n.d.). Retrieved September 24, 2023, from <https://socialmediadna.nl/user-generated-state-public-services-2-0/>
- Turrini, G., Purgato, M., Acarturk, C., Anttila, M., Au, T., Ballette, F., Bird, M., Carswell, K., Churchill, R., Cuijpers, P., Hall, J., Hansen, L. J., Kösters, M., Lantta, T., Nosè, M., Ostuzzi, G., Sijbrandij, M., Tedeschi, F., Valimaki, M., ... Barbui, C. (2019). Efficacy and acceptability of psychosocial interventions in asylum seekers and refugees: systematic review and meta-analysis. *Epidemiology and Psychiatric Sciences*, *28*(4), 376. <https://doi.org/10.1017/S2045796019000027>
- UNHCR. (n.d.). *Convention and Protocol relating to the Status of Refugees*. UNHCR - Communications and Public Information Service.
- UNHCR. (2022a). *UNHCR - Ukraine Refugee Situation*. UNHCR. <https://data.unhcr.org/en/situations/ukraine>

- UNHCR. (2022b). *UNHCR - Figures at a Glance*. UNHCR. <https://www.unhcr.org/figures-at-a-glance.html>
- Van Teijlingen, E. R., Regmi, P. R., Adhikary, P., Aryal, N., & Simkhada, P. (2019). Interdisciplinary Research in Public Health: Not quite straightforward. *Health Prospect*, 18(1). <https://doi.org/10.3126/hprospect.v18i1.19337>
- Wessels, W. K. (2014). The Refugee Experience : Involving Pre-migration , In Transit , and Post migration Issues in Social Services. In *Master of Social Work Clinical Research Papers. What is Service Design? | Koos Service Design blog*. (n.d.). Retrieved August 6, 2023, from <https://koos servicedesign.com/blog/what-is-service-design/>
- WHO. (2022). *Mental health*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- World Health Organization. (2007). People-Centred Health Care A Policy Framework. *World Health Organization*.



**APPENDICES**

## PRIMARY QUESTIONNAIRE TO NHS DOCTORS

Introduction: Segundo dados da OMS e variados estudos na área da saúde mental, existe uma prevalência para o desenvolvimento de Stress Pós-Traumático (SPT) em refugiados vindos de cenários de guerra. A Comissão Europeia já manifestou preocupação perante os dados recolhidos e tem apelado a que sejam desenvolvidas estratégias para ajudar a mitigar os efeitos negativos que a guerra está a ter nas comunidades migrantes oriundas da Ucrânia.

No âmbito da dissertação "The applicability of Service Design to improve the accessibility of Ukrainian war refugees to psycho-social therapeutic interventions for treating PTSD" para o Mestrado em Design Management, serve o presente formulário para avaliar o envolvimento dos serviços de saúde prestados pelo SNS a cidadãos deslocados provenientes da Ucrânia, no que concerne a área da saúde mental, nomeadamente no diagnóstico e tratamento de situações de Stress Pós-Traumático.

Q1: Já atendeu algum utente, na sua unidade de saúde, com o estatuto de deslocado oriundo da Ucrânia?

A1: Multiple choice – Sim / Não

Q1.1: Se respondeu "Sim" à questão anterior, quantos utentes tem de momento na sua consulta com o estatuto acima mencionado?

(Dê a sua resposta em formato numeral)

A1.1: Free short answer field

Q2: É médico de família de algum desses utentes?

A2: Multiple choice – Sim / Não

Q3: Existe alguma Norma de Orientação Clínica para o despiste de doenças mentais, tais como a SPT, específica para este grupo de utentes?

A3: Multiple choice – Sim / Não

Q4: Quando um cidadão, com o estatuto anteriormente referido, comparece numa primeira consulta costuma fazer despiste para doenças mentais?

A4: Multiple choice – Sim / Não

Q4.1: Se respondeu "Sim" à questão anterior, como é que é feito esse despiste?

A4.1: Free long answer field

Q5: Quantos utentes com este estatuto é que já encaminhou para seguimento em consultas de psicologia?

(Dê a sua resposta em formato numeral)

A5: Free short answer field

Q5.1: Se respondeu com um número acima de 0 à questão anterior, qual(ais) o(s) motivo(s) para esse encaminhamento?

A5.1: Free long answer field

Q6: Na sua consulta já compareceram utentes que voluntariamente pediram para terem apoio psicológico?

A6: Multiple choice – Sim / Não

Q7: Tem conhecimento de alguma iniciativa de apoio psicossocial orientado para estas comunidades?

A7: Multiple choice – Sim / Não

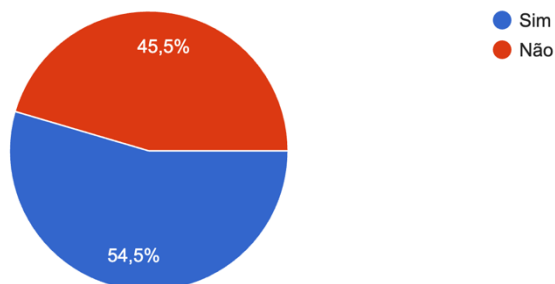
Q7.1: Se respondeu "Sim" à questão anterior, qual é a iniciativa? É promovida por que entidade?

A7.1: Free short answer field

## PRIMARY QUESTIONNAIRE RESULTS

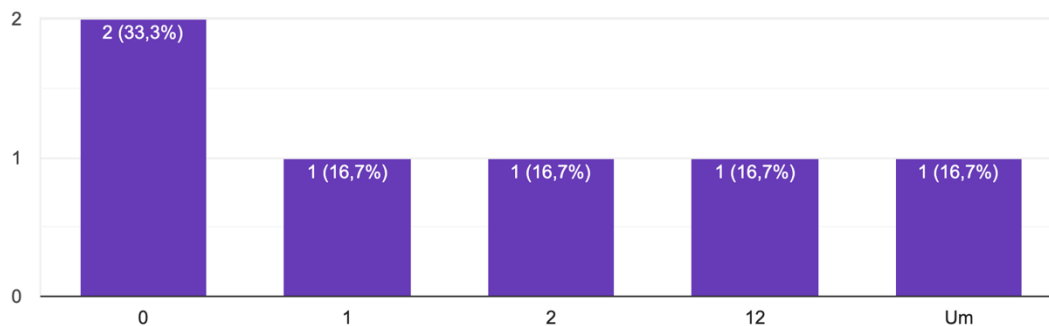
Já atendeu algum utente, na sua unidade de saúde, com o estatuto de deslocado oriundo da Ucrânia?

11 respostas



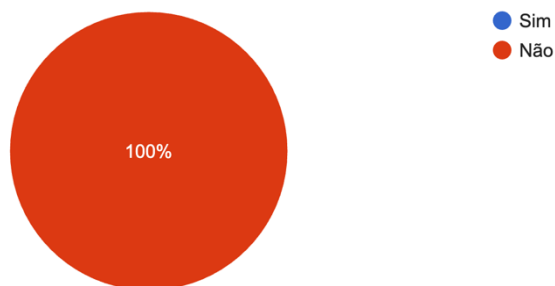
Se respondeu "Sim" à questão anterior, quantos utentes tem de momento na sua consulta com o estatuto acima mencionado? (Dê a sua resposta em formato numeral)

6 respostas



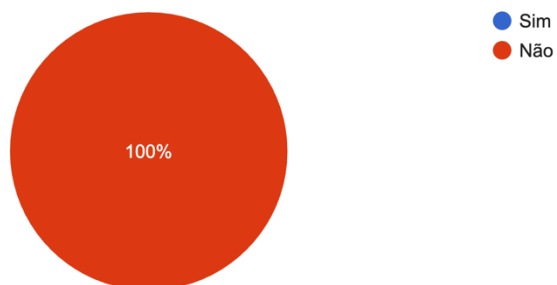
É médico de família de algum desses utentes?

11 respostas



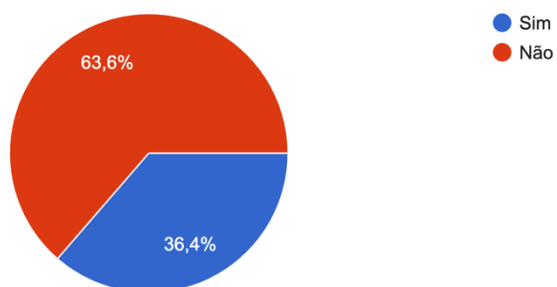
Existe alguma Norma de Orientação Clínica para o despiste de doenças mentais, tais como a SPT, específica para este grupo de utentes?

11 respostas



Quando um cidadão, com o estatuto anteriormente referido, comparece numa primeira consulta costuma fazer despiste para doenças mentais?

11 respostas



Se respondeu "Sim" à questão anterior, como é que é feito esse despiste?

5 respostas

Habitual questionário sobre o estado psicológico do doente

-

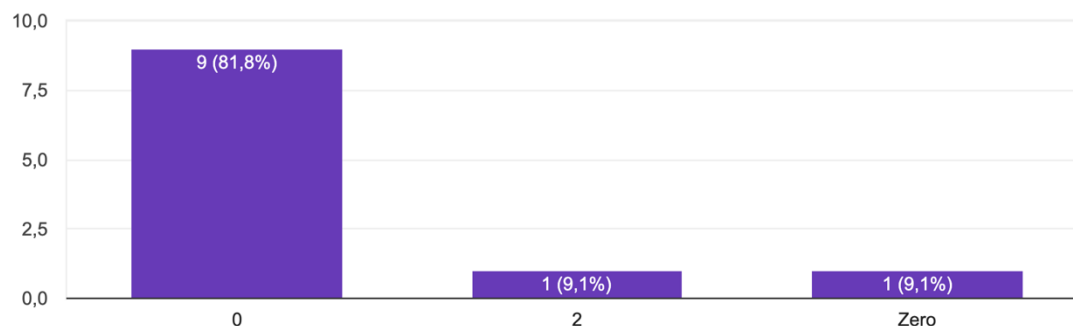
Tenho feito vigilância de grávida com ajuda de tradutora por telefone o que dificulta um pouco a abordagem . Como habitual tanto perceber a aceitação da gravidez, qual a retaguarda familiar , situação socioeconomica , experiências negativas ou não anteriores , como está aceitar mudança corporal, alterações do sono , do humor , capacidade para o trabalho ... tempo sempre que companheiro esteja presente o que em geral é difícil . Questiono problemas mentais anteriores pessoais ou familiares  
Neste caso concreto perguntei se achava precisar de apoio de psicologia tendo respondido que não sabia bem , ficando atenta a questão

História clínica e algum diálogo, em ucraniano (pelo facto de falar ucraniano tenho facilidade nesse aspeto)

Perguntar como se sente e se deseja falar sobre o que lhe aconteceu

Quantos utentes com este estatuto é que já encaminhou para seguimento em consultas de psicologia? (Dê a sua resposta em formato numeral)

11 respostas



Se respondeu com um número acima de 0 à questão anterior, qual(ais) o(s) motivo(s) para esse encaminhamento?

3 respostas

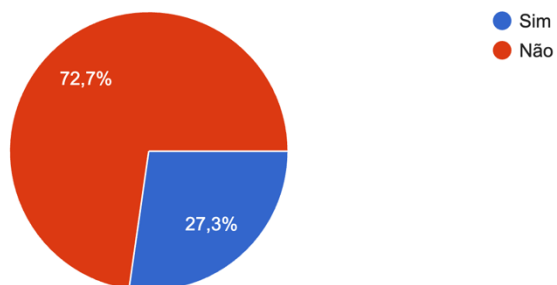
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Ansiedade e incapacidade de organização

Desconhecimento acerca desta matéria

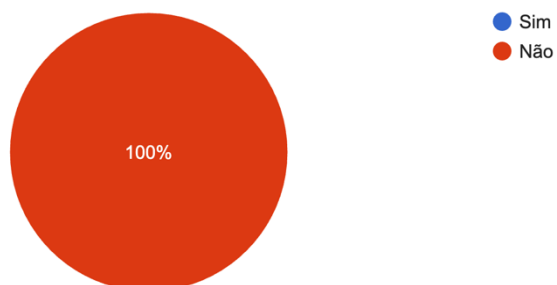
Na sua consulta já compareceram utentes que voluntariamente pediram para terem apoio psicológico?

11 respostas



Tem conhecimento de alguma iniciativa de apoio psicossocial orientado para estas comunidades?

11 respostas



Se respondeu "Sim" à questão anterior, qual é a iniciativa? É promovida por que entidade?

2 respostas

-

Questionei se havia algum apoio em concreto e a resposta que me deram foi que não

## **GUIDELINES FOR IN-DEPTH SEMI-STRUCTURED INTERVIEWS**

### *MGF's/General Practitioner's Interview Guideline Questions*

“Enquadramento:

Segundo dados da OMS e variados estudos na área da saúde mental, existe uma prevalência para o desenvolvimento de Stress Pós-Traumático (SPT) em refugiados vindos de cenários de guerra. A Comissão Europeia já manifestou preocupação perante os dados recolhidos e tem apelado a que sejam desenvolvidas estratégias para ajudar a mitigar os efeitos negativos que a guerra está a ter nas comunidades migrantes oriundas da Ucrânia.

No âmbito da dissertação "Improving the accessibility of war refugees to psychosocial therapeutic interventions with service design." para o Mestrado em Design Management, serve o presente formulário para avaliar o envolvimento dos serviços de saúde prestados pelo SNS a cidadãos deslocados provenientes da Ucrânia, no que concerne a área da saúde mental, nomeadamente no diagnóstico e tratamento de situações de Stress Pós-Traumático.

Questões:

- Já atendeu alguma pessoa com o estatuto refugiado ou de proteção subsidiária oriundo da Ucrânia? (eu abolia esta pergunta, porque neste momento o que decidimos é que já íamos de antemão recrutar para a entrevista clínicos que já tivessem tido contacto com refugiados ucranianos nas suas consultas)
- Como descreveria a experiência de atendimento a cidadãos com o estatuto de refugiados ou de proteção subsidiária?
- Dentro desses pacientes que atendeu, algum apresentava necessidades ao nível psicológico?
  - Se sim:

- Sentiu que existiam algumas barreiras à procura de ajuda no que concerne o tema da saúde mental, como por exemplo: barreiras culturais ou linguísticas, estigma, medo ou desconfiança? (sondas: Ou outras...? Quais?)
  - Se sim:
    - Quais destas barreiras pareciam mais prementes? (sondas: consegue dar um exemplo?)
    - Tem alguma sugestão de como se poderiam ultrapassar essas barreiras?
- Foi necessário encaminhar algum desses pacientes para um serviço de psicologia? (sondas: Porquê? / Como é que o utente reagiu a esse encaminhamento? Mostrou-se receptivo à hipótese? Mostrou resistência ou outro sentimento negativo?)
- Se não:
  - Existem algumas barreiras à procura de ajuda no que concerne o tema da saúde mental, como por exemplo: barreiras culturais ou linguísticas, estigma, medo ou desconfiança. Considera que estas algumas destas barreiras podem ser um dos motivos para a baixa procura deste tipo de ajuda, apesar de ser um grupo considerado de risco para o desenvolvimento de problemas ao nível da saúde mental?
  - Quais destas barreiras parecem ser mais prementes?
  - Tem alguma sugestão de como se poderiam ultrapassar essas barreiras?"

## *Psychologists from support initiatives' Interview Guideline Questions*

“Enquadramento:

Segundo dados da OMS e variados estudos na área da saúde mental, existe uma prevalência para o desenvolvimento de Stress Pós-Traumático (SPT) em refugiados vindos de cenários de guerra. A Comissão Europeia já manifestou preocupação perante os dados recolhidos e tem apelado a que sejam desenvolvidas estratégias para ajudar a mitigar os efeitos negativos que a guerra está a ter nas comunidades migrantes oriundas da Ucrânia.

No âmbito da dissertação "Improving the accessibility of war refugees to psychosocial therapeutic interventions with service design." para o Mestrado em Design Management, serve a presente entrevista para explorar a temática do acesso dos refugiados a serviços ou iniciativas de saúde mental.

Questões:

- Já atendeu alguma pessoa com o estatuto refugiado ou de proteção subsidiária oriundo da Ucrânia? (eu abolia esta pergunta, porque neste momento o que decidimos é que já íamos de antemão recrutar para a entrevista clínicos que já tivessem tido contacto com refugiados ucranianos nas suas consultas)
- Fale-me um pouco da iniciativa Capacetes Laranja. (Pergunta para psicóloga Ana)
- Como descreveria a experiência de atendimento a cidadãos com o estatuto de refugiados ou de proteção subsidiária?
- No exercício do seu trabalho com estes pacientes, quais são as principais dificuldades que sente?
- Existem algumas barreiras à procura de ajuda no que concerne o tema da saúde mental, como por exemplo: barreiras culturais ou linguísticas, estigma, medo ou desconfiança. Considera que estas algumas destas barreiras podem ser um dos motivos para a baixa procura deste tipo de ajuda, apesar de ser um grupo considerado de risco para o desenvolvimento de problemas ao nível da saúde mental?

- Gostava de falar um pouco sobre cada uma destas barreiras consigo.
  - Sobre a barreira linguística:
    - Sente que é uma barreira maioritariamente presente nos casos que segue?
    - Quais são os processos/métodos/ferramentas utilizados de momento para ultrapassar essa barreira? E considera que esses processos/métodos/ferramentas são úteis? Poderia(m) ser melhorados?
  - Sobre as barreiras culturais:
    - Sente que são barreiras maioritariamente presentes nos casos que segue?
    - Quais são os processos/métodos/ferramentas utilizados de momento para ultrapassar essas barreiras? E considera que esses processos/métodos/ferramentas são úteis? Poderia(m) ser melhorados?
  - Sobre o estigma:
    - Sente que é uma barreira maioritariamente presente nos casos que segue?
    - Quais são os processos/métodos/ferramentas utilizados de momento para ultrapassar essa barreira? E considera que esses processos/métodos/ferramentas são úteis? Poderia(m) ser melhorados?
  - Sobre o medo ou desconfiança:
    - Sente que é uma barreira maioritariamente presente nos casos que segue?
    - Quais são os processos/métodos/ferramentas utilizados de momento para ultrapassar essa barreira? E considera que esses processos/métodos/ferramentas são úteis? Poderia(m) ser melhorados?
- Que outros entraves/barreiras considera que existem na procura de ajuda psicológica? (sondas: Qual/quais? / Tem sugestões de como os ultrapassar?)”

## *Refugees' Interview Guideline Questions*

“Context:

In the context of the dissertation "Improving the accessibility of war refugees to psychosocial therapeutic interventions with service design" for the master's in design management, this form is used to evaluate the involvement of health services provided by the NHS to displaced citizens from Ukraine, with regard to the area of mental health, particularly in the diagnosis and treatment of situations of Post-Traumatic Stress.

Questions:

- Icebreak moment: What do think about Portugal so far?
- Do you have family? How is it composed?
- Is your family here in Portugal with you?
- Could you tell me a little bit about your journey from your country until you arrived in Portugal?
- How has the transition and resettlement process been for you? How does that process make you feel?
- Do you feel like psychological support or help would be welcomed and important at this time for you or other people in the same situation as yours? (follow up: if the answer is no – Can you please tell me why you feel like it is not important/welcomed?)
- Have you ever asked for psychological help/support or was this help offered to you since you arrived in Portugal?
  - If yes:
    - Who did you contact first when asking for psychological support? OR Who offered this help to you in the first place?
    - Did you manage to get the help you needed?
    - Can you describe that experience to me? (follow up: How did it make you feel? Confused? Angry? Lost? Supported? Pleased? / Was anything missing? Information? Translation? / Do you feel like there are some

barriers to accessing this type of help? What barriers are those? / What could make the experience better?)

- Are you still using that service (mental health professional service)?

○ If no:

- Can you explain to me why you didn't ask for or accepted this help/support? (follow up: Do you feel like there are some barriers to accessing this type of help? What barriers are those?)
- Is there anything that would motivate you to ask for or accept this type of help?"

## TRANSCRIPTS FOR SEMI-STRUCTURED INTERVIEWS

### *Interview – Refugee Stakeholder 1*

00:00

(...) so I would like to start by thanking you for being available to to meet with me today and well I would love if you told me a little bit when you came to Portugal was it already like one year ago or did you come a bit later?

00:28

It was more than one year ago in March and it was because of the war. Yeah so when you arrived in Portugal you arrived by airplane probably right? We arrived from Spain because we crossed the border in Romania and we spent some time in Bucharest and then volunteers and friends they bought tickets to Bucharest Madrid for us and we already had a car from Madrid to Arouca.

01:11

Okay so when you arrived in Portugal did you have to go to a specific place to take care of the the protection the temporary protection papers or how did you take care of that? Did you take care of that online?

01:29

We have here volunteers who help us in everything and we fill the form online and then we visited self-office in Spenu so everything for us everything was very quickly pretty quickly I would say with some exceptions.

01:55

Yeah and when you when you went through all that process Did they only help you with the bureaucracies, with the paperwork? Or did they also provide you with information about services, or how the health system works in Portugal?

02:16

Did they give you any type of extra information? No, the situation is that public services, they didn't provide us with any information. Everything was more or less okay because of volunteers. So they helped us in everything.

02:37

They contacted the staff, they helped us to go to the staff office, because we didn't have a car, and explained everything if they didn't help us. I cannot even imagine how it would be very difficult.

02:57

Thank you for coming. I think because they didn't have any explanation, nothing. And unfortunately, even now I have some problems because I cannot have explanation for some of my issues connected with my business, I would say yes, or some of my family questions.

03:21

So I don't have still information and I need to ask volunteers to go with me and to have proper negotiation with them. Yeah, yeah. So did you come, you came with your family to Portugal? Do you have children or?

03:42

I have children, I have teenagers and I came with my relatives and they have children as well. Younger than my teenagers, so different ages. And well, I would love to ask because my thesis is on the subject of mental health.

04:02

So I would love to ask since you have children and everything, how is everybody emotionally coping with the war and having to leave the country? Did you feel like maybe your children or yourself or any of your relatives, they needed some extra support, like emotional support?

04:24

Did you look for something like that? Did you talk to the volunteers about that maybe? So I can

tell about myself and about my son, teenager. So about me, I had problem with health and it was kind of an anxiety attacks.

04:48

And unfortunately I need to go or call for emergency because I cannot call but I can't. managed by myself, approximately one year ago, end of April and middle, till middle of summer. And it was help of my doctors from Ukraine, because I am in contact with them and with help of volunteers who is a nurse here in the center of the Saudi, so it's help of the community.

05:26

I would say because they help me, so I can manage it and thanks God I don't have it now. And of course all our children, they worry about it, all of them in different ways and it's a tragedy because they are relocated during this very time.

05:56

terrible and traumatic circumstances to another environment, to another community, another school etc. etc. So some teenagers they like strike didn't want to go to school, didn't want to learn language etc.

06:23

etc. But it's also depends on the character of each person and each parent manage how he or she can. So about my teenager he's 17 and his reaction was like frozen and he couldn't make any decision. Sometimes he didn't go to school because he didn't feel the power of sources to go to school and it was very difficult.

07:04

He couldn't still find friends and connections with local teenagers community. Well, and step by step I personally, I invested a lot of money to as well because traveling helps a little bit to change focus and to have another perspective and inspirations and meeting with other interesting things and nature etc.

07:52

So yes, I think that we managed more or less this question and I helped him to find a university who has the program for such students who is an emergency call to continue study and I hope we finally solve it in in autumn and also we have in to study language she speaks the gist etc but the process of to find the content especially for introvert is difficult and now it looks like she has friends here not so many but some friends and they integrated in the community so as for now everything looks much better comparing with with one year.

08:55

One year. You mentioned that when you started having those anxiety attacks and panic attacks, you were also talking with your doctors in Ukraine, but you also mentioned that the nurse, one nurse at the health center at the center of the she also helped you.

09:16

Can you tell me a little bit about that? You went to some consultation at the health center. How did it go? So we don't have a family doctor here because there are no free doctors. You know this problem in Portugal and she helped us in all questions and issues connected to the health.

09:47

So we have here two nurses to whom we can apply and they English speaking in case of any problem. So it is very important because when you cannot explain, doctor only with Google translator, it is much more difficult.

10:05

Also I have chronic illness problems and I have doctors in Ukraine who supervise me for a long period. So yeah, time. So now it works like this that I consult consultants with them, with Ukrainian doctors.

10:30

Then I go to the doctor in the center of this center of Saudi. Yes, and I explain my problem, my question, ask for prescription to analysis or for example for some pills which I need to use every

day periodically.

10:54

So So mostly they don't go very deep into the problem, but some doctors they try to recommend to use something more effective. For example, like pills to sleep well, people say you couldn't sleep. Yes, I slept very bad and it was like a result of the complex problem and anything else.

11:26

So I still continue to consult with my doctors and for some problems I went to Ukraine because here I didn't find the way how to solve these questions, topics and issues, especially if I need to solve it now, but not wait half of a year.

11:53

Yes, of course. Yes, and how it was, so I can contact with the nurse, our friend, and she helped me to organize meetings in emergency. Mostly it happens in emergency because they understand that we need some consultancy and need to solve this problem.

12:19

And all doctors say that for you we make like exception. We do it now or we write the prescription for the hospital, it's on the Madeira, like emergency case that you can get consultancy now, not waiting for months.

12:38

So it was like this. So they try to avoid all bureaucracy and help us despite all these procedures. Okay, and for example, on terms of emotional support, do you feel like you communicate better when you're speaking about your emotions if it's in your native language?

13:04

So, Arne, do you feel like talking to a doctor about what you're feeling and all of those sentiments that you were going through? In English was enough to express yourself? Well, for me in English it was enough to explain doctors what I need and what I feel or why I worry, for example, is

because I know my body very well.

13:31

I know how to manage some problems because in previous lives, I had panic attack and I understand that it is not panic attack, but it's some reactions of my nervous system that I couldn't manage. And at the same time, last year I continued to take consultancy of my psychologist, a psychologist therapist in my language course, and it helped me very much.

14:09

And in our center in Roka, there are some doctors who have and had their shifts. These doctors are from Ukraine or from Moldova. So they speak Ukrainian or Russian and they understand, so they are from the school, so -called Soviet Union School of Medicine, and they understand why I want, for example, this help or these pills or why I pay attention on some factors or some...

14:52

science in my body. So they understand why I'm thinking in this way. And it helps a lot. And they understand much more better us. And I know from Portuguese friends that they said that they try to get to Ukrainian or Moldavian doctors because they are more, they pay more attention to the problems of patients and they try to find different ways of treatment, not only by official standard protocol.

15:36

So I heard it from my friends. Yeah. And there in Aroka, just out of curiosity, do you have, well, you're there with your family and so on. So, but does it have a nice community of Ukrainian people that you can meet or people that you can share some thoughts or doubts with?

16:03

Do you have like initiatives there? I don't know exactly because in Lisbon, there are a lot, of course, but Lisbon is very big. It's very big. Porto also is very big. I have community online with whom I can share what I want.

16:21

And it is community of volunteers. Also, I have some friends in Porto, not volunteers, in Lisbon from Ukraine, from the way which I know for a long time. And I have relatives, but all initiatives came from myself, from my initiatives.

16:49

If I created this initiative, If they will happen, if I did, great, they will not happen. Yes, that makes sense, yeah. So, just also I forgot to ask this in the beginning, but it's kind of an important question for me.

17:07

Did you feel like, for example, when you entered Portugal and you had to take care of all of that paperwork and so on, if somebody provided you already with structured information, like you can get this type of help here, or you can call this number to get some support, emotional support, whatever, financial support, law support, if you have some issues with, I don't know, law doubts or whatever, do you feel like that kind of structured information would be welcomed and you could possibly then use it?

17:53

During Thursday? Yes, of course. It would help and it would structure and comparing how it works in other countries. I see that they have centers where one center, one window would say yes, where you can come and they consult you in all questions and help you in all questions.

18:18

Here in Portugal there is no one window, there is no one contact point, person or point or place, I don't know. You try to collect this information in the chats. We have chats in Telegram, mostly in Telegram and you get this information.

18:40

Of course you can lose it and it creates some corsip or rumors or some not true information, yes, fake information. Yes, yes. Yes, so that is why it is very difficult. Really it is very difficult. Yes, I

also got that from other interviews that I have done so far.

19:12

There is no particular point where you can go and have all the information there. The information is a little bit all over. You can search for it online but a lot of different websites appear, some websites are outdated, information is not correct and so on.

19:34

I got that idea also from other people that I already talked with. Yes, so do you think that you have any idea, for example, how would you make, how would it be? you Who eat it the the whole situation?

19:55

How would it have been better for you? For example when you started having your anxiety attacks or when your son had also is problems Do you have any idea what would have made the whole situation? Easier for you.

20:12

Do you have like any? ideas like oh if if maybe somebody had said this or if somebody had helped in this way Can you talk to me a little bit about that, please? Look about panic attacks or anxiety attacks.

20:30

Normally people don't Don't speak and don't tell about it because it is very sensitive question. So Mostly in telegram groups people ask oh I need emergency Dentist emergency or something like this. Yes, which is more or less typical, normally, or break the bone of the arm or something like this.

20:59

Yes, we are to go, for example, during weekend. And I used pills in Ukraine like this with active ingredients, which the name of the something, the same pills, the same drugs in Portugal, so give

me recommendations.

21:24

And for such kind of problems, people normally don't tell. And the only way is to make a call to find out, from Beirut, yes, or this emergency call, but they don't speak English, they don't speak Ukrainian.

21:50

So if there is a center where, as minimum, one person will be always connected to Ukrainians in this case, yes, so it will be much easier because it can be one number and one person will always be in the contact only for emergency cases, when people are in a situation of affection in a situation when they cannot explain and nobody can understand, okay, I speak English, but many people don't speak English, yes, and they cannot explain it, so I think it makes sense.

22:39

Yeah, yeah, thank you. Yeah, that is mostly you answered all of my questions, it's not a very long interview and your input and your insight is very interesting. Also because you also have your experience with all of this, the health part, so you already went to the Sintruth Sa 'udha and all of that, so that was very interesting for me.

23:06

So thank you, it was short but it was really nice, it was nice to meet you and thank you so much for the help you're giving me with my thesis, this is very important for me and yeah, I hope your stay in Portugal gets easier every time and not more difficult.

23:26

So I hope so, also hope so, wish you good luck with your research or further, I don't know, conclusions which make me scientific work, so yeah, good luck. Yeah, thank you so much and have a nice day today and bye bye, thank you.

23:46

Bye bye, yes bye. Thanks!

## *Interview – Refugee Stakeholder 2*

00:00

Aqui vou abrir a entrevista que está aqui. Pronto, era um bocadinho também para falar sobre essa experiência. Quando vai ao Centro de Saúde, as pessoas não lhe dão informações sobre nenhum tipo de acessos, como é que chega aos serviços.

00:28

Desde que chegou cá a Portugal, há quanto tempo é que chegou? Desde abril de 2012. Então, desde que chegou cá a Portugal, ninguém lhe deu informações, por exemplo, como é que devia fazer se quisesse consultar um médico.

00:49

Não. Não tenho nenhuma informação. Depois, eu tenho alguma problema. E eu vou na... Esta primeira vez, eu vou na Centro de Saúde, estas senhoras falamos, você é número nisso, não tem registro. Eu tenho este número, eu gosto de ir à ajuda.

01:17

Você não registra, sente email. Eu sento email na meio e tenho resposta na setembro. Tôbrio, registro minha número do utente. Sim, número do utente. Registro desde maio. Até setembro sou o registro. Nós temos o número pronto, registro.

01:47

Nós precisamos de ajuda, nós registramos. Ah, desculpe, não tem médicos para nossas pessoas. Não tem médicos para o Ukrainian, médicos familiares. Aqui é fazer... escreva -me ele! Eu escreva -me ele, ok?

02:07

Espera, espera, espera, eu espero, e... e... e... e toda... E até agora já conseguiu ter alguma consulta com o médico? Ainda não conseguiu consulta nenhuma? Não, nenhuma consultação.

Nós ajudamos só o hospital.

02:24

Ok. Foi um bom hospital? Sim. E o vai no hospital na urgência. E os atendem. E o vai ao alície. E estas senhoras na urgência escrevemos -nos na consulta, na Mítica, no hospital, na... Na urgência do hospital.

02:41

Na urgência, na... na outra lado, é de... Ambulatório? Sim, não ambulatório. Sim, não ambulatório neste lado. Nós temos muito dificuldade, preciso ir primeiro na urgência. Muito tempo, espero porque esta urgência é muito doente.

03:02

Nós temos muito doente. Sim, esta urgência não precisa. Preciso falar com médicos porque minha filha tem problema com... Audição? Audição. Audição. Olhos. Automologista? E esta não urgência. Preciso...

03:23

Sim, preciso... E depois outra vez vai aqui. Preciso ajudar, se for favor, minha filha tem problema. Na escola ela não viu. Não consegue ouvir. Sim. E só senhoras na urgência na hospital, escrevemos nós na hospital...

03:46

Na consulta na hospital. Sim, e agora tenho filha ajuda na... Ovidos, tenho tubos. Fazer operação. Nós estes só na hospital, na centro da saúde. E agora na centro da saúde, eu espero a automologista.

04:05

Porque eu vai na urgência, ela fala, não, esta não há muito tempo. A automologia, esta... Tem muito tempo. Sim, preciso, vai na centro da saúde, na centro da saúde, marcamos na hospital,

na... Na especialidade.

04:24

Sim, na especialidade. E depois volta para nós. Eu espero. Minha filha não tem óculos, não tem... Exato. E além dos problemas de saúde físicos, têm -se sentido alguns outros tipos de problemas, por exemplo precisavam de ajuda...

04:48

da poe emocional e assim desde que chegaram ou muito preciso muito preciso fazer no mais ou menos plicação sim nós temos na Ucrânia nós marcamos na plicação sim término duas semanas para marcar sim sim sim eu marcar hoje e mínimo duas semanas ou três semanas minha consulta ali ok por aqui não tenho não tenho?

05:22

sim não tenho esta sim sim e por exemplo nos grupos com quem fala de outras pessoas que estejam cábinas da Ucrânia como é que tem sido com eles? eles conseguem, não lhe dão dicas, assim informações de como Na toda a minha amiga, eu conheci esse problema com o centro da saúde.

05:50

O centro da saúde é minha mãe. Preciso o papel na escola. Fila na casa, preciso o papel de mais de três dias, preciso o papel na escola para a professora da classe. Eu vou ao centro da saúde. Estas senhoras, muito velhas três senhoras.

06:10

Preciso o papel na escola, porque minha filha está doida. Sim, constipada. Um pouco. Não preciso médicos. Eu tenho na casa os leques e tudo. Cuido dela. Sim, eu preciso o papel na escola. Não, porque?

06:40

Minha escola fala preciso o papel do centro da saúde. Porque não. Eu não vai que tira para ajuda.

Sim, eu sou tira -papel para a escola. Você é a escola. Você é a escola. Preciso o papel para você. Certo.

06:59

O que eu vou fazer? E eu, se a sua senhora não escrever, preciso o papel... Fila médicos. Tem as nossas problemas aqui na Portugal. E não há, por exemplo, nenhum serviço, sessão do centro de saúde que a consigam, que lhe digam que ajudam, ou que lhe dão apoio a tentar resolver estes problemas, ou que lhe dizem, por exemplo, não há nenhuma comunidade, nenhum grupo, onde a Tatiana, quando tem estes problemas, pode ir falar e dizer, para tu a ter estes problemas, ninguém dá esse tipo de informação.

07:43

Ok, foi, isso é muito complicado. E na escola da filha não dão nenhum tipo de apoio também especial, porque tenham agora, não sei, a sua filha é a única menina ucraniana na escola ou a outra? Não, tenho muitos sim, na meio -classe, na meio -classe ucranhadas, na meio -classe português, porque Jesus.

08:07

E na escola não dão nenhum apoio extra aos meninos ucranhados? Apoio na escola da filha não dão apoio extra aos meninos ucranhados? Não. que quiser. Nem, por exemplo, se os meninos tiverem, por exemplo, a sua filha tem 60 e triste ou ansiosa por ter vindo embora da Ucrânia para cá.

09:06

Não. Não está mais estressada. Sim. A Tatiana e a filha. Sim, sim, sim. E na escola, por exemplo, não tentam ajudar a filha da Tatiana por se sentir mais estressada. Não tentam ajudar, por exemplo, com uma psicóloga.

09:37

Ok. A Maglina, então, médica, semeina e a vã, e eu também, eu ainda não consegui essa ajuda. Quando vier para Portugal... Sim, quando vier para Portugal, pedi ao nosso professor um

psicólogo, porque a minha filha é reterrida, não tem amigos aqui, não fala a língua, e é muito difícil para ela as aulas.

10:32

E não recebia até agora qualquer ajuda. Isto é muito importante para mim saber. E a Tatiana, para si mesmo, também não procurou nenhum psicólogo para ajudar com a sua parte? Não, eu não preciso. Eu muito reforço.

10:53

E mas se por exemplo, se há algum psicólogo, se há algum serviço, porque existe, não sei se já ouviu falar da Associação do Cranianos em Portugal? Sim. Pronto. Associação do Cranianos em Portugal tem algumas iniciativas, iniciativas com apoio psicológico, apoio emocional, de calhar até para a filha da Tatiana conseguir arranjar.

11:19

Brasília, muito preciso. Então, deveria tentar falar com Associação do Cranianos, primeiro que tudo, falam. O Cranian fala a sua língua e segundo eu acho que eles podiam tentar ajudar para arranjar para a filha em cascais, na Câmara de Cascais existe uma iniciativa, se quiser eu escrevo o nome, chama -se Capacetes Laranjas, e é uma iniciativa com psicólogos e eles fazem atendimento.

11:48

E estes psicólogos falam o Craniana? Tem uma psicóloga que fala o Craniano e uma... O que eu sei é que tem uma psicóloga que fala o Craniano e uma psicóloga que fala o Russo, que eu não sei qual é a diferença entre os dois, mas tem duas psicólogas diferentes que falam o Russo ou o Craniano.

12:12

Ah, o que? Capacetes Laranjas. Queres que eu escreva numa nota, no teu telemoto? Sim, sim, sim, sim, sim, sim, é aqui. Capacetes Laranjas e eu vou meter aqui o e -mail, o e -mail deles, porque

eu tenho o e -mail aqui.

12:43

E eles podem ajudar, é voluntário, é gratuito. Sim, obrigado. Ah, isso é muito preciso. Minha filha tem problema psicológico. Ok, deixa -me só encontrar aqui o e -mail da psicóloga. E o não tem problema com a saúde?

13:07

Ah, psicológico? Oh, este é... Normalmente psicológico, este é depois, primeiro saúde. Depois. Jura... Ups, não sei, não estou assistindo. Jura... E... Ana Valente Psicologia .bt Pronto, essa psicóloga é portuguesa, mas ela é quem toma conta do projeto, mas ela tem o contato da psicóloga ucraniana, da psicóloga que fala ucraniano.

13:57

Em cascais? Sim, essa psicóloga é de cascais e a iniciativa é em cascais. Sim. E a psicóloga que se fala ucraniano chama Sirina, só não sei se o nome. Irina. Irina. Sim. É muito interessante que a Tatiana Me tem a dizer que também tem interesse em procurar este apoio psicológico, sobretudo para a sua filha.

14:36

Se quando chegar à sua Portugal as coisas estivessem bem feitas, que não está, e lhe dissessem, logo de início quando chegar ao cá, lhe dissessem se contactar este número ou contactar estas pessoas pode ter ajuda de apoio psicológico para a sua filha, porque a Tatiana tinha gostado de ter recebido essa informação?

15:00

Não, sou para trabalho e centro de emprego. Centro de emprego? Sou papês na centro do emprego. Foi só isso que lhe deu? Eu acho muito ajuda. E eu estudou língua portuguesa. Sou eu filha, não. Filha sou na escola, na escola filha tem problema.

15:21

Filha não fala português. Eu falo porque eu tenho cursos. Cursos. E tenho ajuda como trabalho. E este é si, sou o SEF e centro de emprego. Ok. Na saúde... Não lhe deu? Não. Ok. Esta é minha problema.

15:40

Tem... Cof, cofo, cofo. Este é muito... É muito caro. Para mim, sim. É muito caro. Para senhoras, e você... É limpeza, sim. Para senhoras, sim. E de todas as papias, cofo, cofo, cofo. É muito dinheiro.

15:56

Para mim, este é muito... Barato. Barato, sim. Claro. Claro. É muito caro. Barato. Barato. E claro, sim. Sim. Pois... Pronto, isso é um problema em Portugal. E eu estou a tentar com o meu estudo. Tentar fazer uma proposta ao governo.

16:18

Mas... Não sei. Não sei. Sais os resultados. Preciso... Start. E depois, depois, depois, depois. Sim. E, por exemplo, para Tatiana, eu estava a me dizer que é muito forte e que não sente necessidade de ter este apoio extra psicológico, mas, por exemplo, se lhe dissesse que havia uma comunidade de ucranianos em que as pessoas só iam lá para, por exemplo, dizer coisas que lhes estavam a acontecer mal, o que é que estava a partilhar a experiência de como é que estava a correr, isso era uma coisa que, se calhar, a Tatiana já se revia mais, primeiro porque era com outras pessoas ucranianas, não é?

17:05

Falava uma sua língua, vinham do mesmo problema e eventualmente assim conseguiam se apoiar uns aos outros, a isto chama -se, o termo é, apoio psicossocial, que é um apoio feito dentro da própria comunidade, ou seja, a Tatiana.

17:25

É o conhecido da Tatiana que também veio da Ucrâniana. É outra pessoa que, se calhar, até veio

antes da Ucrânia para cá e toda a gente se junta e tentam se apoiar uns aos outros. E isto é um serviço que os psicólogos tentam fazer.

17:44

Por exemplo, este é o Capacete Laranja. Também tentam fazer isto, tentam entrar em contacto com as comunidades. Quer para saber, por exemplo, como resolver alguns problemas como a Ucrâniana está neste momento.

18:00

Amigas. Sim, sim. Pronto. Há mais assim coisas que me queira contar de... Por exemplo, quando foi ao hospital, conseguiram falar consigo. Ficou sempre em português ou arranjam um tradutor? Não, português.

18:25

Português. Português. E o fala português não é muito mal, não? Um pouco o fala. Não, fala bem. Não, porque em Portugal, em alguns hospitais, o que se consegue, que alguns médicos fazem, mas novamente é preciso marcar, marcar, marcar.

18:46

Porque, imaginemos que a Tatiana tinha consulta no centro de saúde, mas estava marcada, não era? E o médico, como sabia que a Tatiana fala, sente -se mais à vontade com o Ucrâniano, por exemplo. Conseguia arranjar um tradutor para estar no dia da consulta.

19:06

O tradutor é uma pessoa que está em telefone, não é? Isto existe. Só não existe sempre, infelizmente. Mas isto existe. Quando é com marcação, pode ter um tradutor ucraniano, ou que fala ucraniano, ou que fala ucraniano.

19:25

O que aconteceu? Sim, durante a consulta o médico tem a chamada e este inalaranja, e a inalaranja é mesmo uma psicóloga que fala o ucraniano, faz parte do projeto, a Irina faz mesmo

parte do projeto.

19:41

Ela e a Ana, a Ana fala portuguesa, a Tatiana consegue falar com ela em português para pedir para encaminhar para a psicóloga Irina, que é para a psicóloga Irina falar com a sua filha. Tá bem. Nos capacetes laranjas não precisa de tradutor nenhum, a Irina...

20:00

Tá bem, tá bem, tá bem, obrigada. A Irina fala o ucraniano. Deixe -me ver agora aqui se preciso fazer mais perguntas. Ok, isto já falamos. Aqui em Portugal, desde que chegou a Portugal, sinto que existem barreiras.

20:33

Barreiras é muros. Muros quando tenta aceder aos serviços de saúde. Que tipo de muros? A língua? Não, não língua. Estas três pessoas, velhos pessoas... O sistema. O sistema, sim. Estas três pessoas, não médicos.

21:03

Estas são pessoas que a ver, sim, para médicos. Estas três pessoas, esses três senhores, podem decidir quem tem que curar, quem não. Estas três senhores permitem a si decidir quem é que recebe tratamento e quem não recebe.

21:30

Estas três senhores, não. Estas são senhores e não recebem. Estas são senhores e não recebem. Estas são senhores e não recebem. Estas três senhores, não respondem normal. Estas três senhores, marcosal na Cedra de Saúde.

21:46

E não possivelvam na hospital. Estas três senhores, não são normal. E tem problema na urgência. Se precisam trabalhar com a urgência. E o espéroa precisa também, filho normal. Estas na Cedra

de Saúde.

22:07

Na urgência. Bum! Ou vomidas. Foi muito falso. Sim, esta ajuda precisa muito tempo. Para mim precisa consulta. fazer análises, preciso... Normal, sim, sí, sí, médico de família. Não tenho. Ela é destes senhoras, fala.

22:39

Não tenho médicos familiar para nossas pessoas, para no -krinyan... Não tenho. Muito não tenho. Não tenho para nós, para vocês não tenho nenhuma. E no centro de saúde de Cascais não tenham consulta aberta, consulta sem médico de família, consulta...

23:02

Ou seja, vão ao centro de saúde... Você, o velho no centro de saúde fala, você é o krinyan, né? Você tira dois papéis com email? Não, não, Sanya, conduz -se o email, o meu email. O que você está falando?

23:27

CP... CP... Agora Ah, UC... UC SP UC SP, sim Você pode pegar? Você pode marcar? UC... Você pode marcar? Porque se você tem um Eu acho que fragrance e a correnação de duas -feira de enlighten pelo Blizzard e emº -a?

23:54

Só o primer O pixel你想 Separar e vai na casa e se inscreva -me e ele espera Preciso ajuda já agora Se você vai na médica Não, escreva Consulta, consulta aberta Eu não sei se a Tatiana quer... Sim, sim, sim Consulta aberta é quando se vai ao centro de saúde Sente -se Língua Sim, sim Consulta aberta é quando se vai ao centro de saúde sem uma consulta marcada sem marcação Há dias...

24:56

Há dias específicos para isso Sim, sim эспераção Um favor e deixar a ver o médico Preciso!

Não! Preciso já! Agora, não! Eu bem ali preciso, não! Despera, do porquê? Não sei Infelizmente não sei. Oi, língua, língua, língua, língua.

25:59

Infelizmente não sei por que é que tratam assim. Sei que há poucos médicos de família em Portugal, é um problema, mas os centros de saúde, para quem não tem médicos de família, por exemplo, se eu não tiver médicos de família, eu tenho na gente, então.

26:21

Mas se eu não tiver médicos de família, todos os centros de saúde tenham um ou dois dias por semana em que tenham a consulta aberta, que é aberta para qualquer pessoa, só que tem que chegar muito cedo para se conseguir lugar.

26:37

Lugar, lugar. Lugar. Para se conseguir lugar. Lugar. Lugar. Lugar. Infelizmente ninguém me disse, eu teria usado, tem que perguntar, tentar saber quais são os dias... Consulta aberta. Consulta aberta.

27:33

No e-mail, pergunto. Quando é... E na esta estina, na esta estina. Sim, quando é a consulta aberta. Aham. Em que dia? Consulta aberta. Aham. Queremos escrever. E nesse dia pode levar a sua filha e vão para lá e esperam.

27:55

Consulta... Ah, eu vou no Centro da Saúde. Consulta aberta. Sim. Aham. Ok, obrigada. Aham. Aham. Pronto, não tenho mais nada para perguntar. Também. Obrigado por 20, 20 minutos.

### *Interview – Refugee Stakeholder 3*

00:00

This one is working and I'm going to put this one too It's also working so great Okay, so yeah, I would like to start with a little bit if you could tell me the Moralize when you came to Portugal how it happened, right?

00:22

So when you entered Portugal you had to contact the The services for for foreigners and so on so how was the process what kind of Information was given to you this sort of thing To be honest when I arrived in Portugal, I took a flight from Berlin to Peru.

00:45

So I ended up in this small city and It was my first time actually in Portugal and my goal was to Take the bus tickets to Lisbon So I took the bus tickets to Lisbon after spending one time one day in Peru and honestly, I Had no information coming from like the source of Portugal from like the government of Portugal There was no banners or signs that you should go here or visit this website so I Knew that there is like a huge Ukrainian community Also before the war there is a lot of Ukrainians here, but also after the war Also a lot of Ukrainians came in here and we have like a group chat on telegram This is this is like the our preferred Text platform.

01:40

Yeah, and there I found all the helpful resources about how to obtain the temporary protection so I went to the website that was suggested and Followed all the instructions and just waited for the answer to Waited to receive the answer.

01:59

Yeah, and And I was also applying simultaneously with another person and that person received their temporary protection five days after the application. And for me it took three weeks. So I was a bit confused and a bit, you know, worried.

02:21

Yes, I went to local like SEF. At that moment I was in a village or like a small city called Samora, Korea. And they had like a very small department for things like that. And they just suggested waiting.

02:41

So that's what I did. But all in all I received the temporary protection and that was it. It was all done online. And I only received like a PDF file that has this NIF, NIS, NOS numbers. And I was like, what the hell is this?

02:59

I would just print it out and use it everywhere. That's right about it. So I didn't have any much more information about what should I do next. Cause it had such an effect on me. I had a fear of missing out.

03:18

Because everyone around in that chat said that, oh, you should go to this, like install, you should go to that place and maybe file for support or you should go to that place. And it was all kind of a mess, honestly.

03:37

I didn't know what to do, so I didn't do anything apart from like filing the, yeah. And I have like a year after, cause this temporary protection is given out for one year. And it has a date of where it ends, when it ends.

03:53

So in my case, it will end in like, I think like in some, like in the middle of May. And the people who have applied for this temporary protection, for example, end of March, still have this like end of March date.

04:10

And they don't have anything like to prove that they can still stay here. Because government still hasn't issued a way of prolonging the stay, the temporary protection. It was issued like by, I think the prime minister, that oh, like the Ukrainians are allowed to prolong their stay for another half a year.

04:32

But it's, for example, in my name, I don't have that. I have like that. I can stay till 30th or like till like the middle of May. So what I'm afraid of is that, for example, I want to visit my family in Ukraine cause they still stay there.

04:50

Why don't you go back to Ukraine? Okay, I exited, I went to Ukraine. But when I'm going to go back to Portugal, it's not a direct flight. Kiev, Lisbon. I'm going to take a bus from Ukraine to Poland, for example, to Warsaw.

05:07

And already I have an obstacle. It's like the Polish border, because they opened my passport and there's nothing. They only see that I entered Portugal more than a year ago. And I will show them this paper that I printed out with Portuguese, like that says that I am allowed to be in Portugal till 15 May, for example.

05:29

And they will say, but you don't have any rights. Of course, it's a war and maybe they will understand. But again, I only know this information from the group chats, but some people say that they have troubles with Polish border officers and they require a plastic, which like the plastic is given out in every other country.

05:52

For example, my brother is in Spain and he has like this plastic that says that he is allowed to be in Portugal. He's like a war refugee. But for me it's like just a paper that already expired. That

seems like a very not not nice situation, I think.

06:13

Yeah, maybe like they will understand of course. It's like it's not only me who tries to do that, but also Portugal is not a popular destination for Ukrainians to go in. It's more about like Poland, Germany and those countries provide full documentation when you go there.

06:32

And for me it's just like a piece of printed out paper, not even with the signature or anything or like the chip. It has QR codes, but you know, I've heard stories that they are like the Polish border officers are like not going to scan it.

06:48

To scan the QR code. And if they scan it, they will see an expired date as well. Yeah. Yeah, that's a bit of a mess, I think. But for sure at some point you will get this maybe new paper or something.

07:04

We have a special chat on Telegram where every day it says, no nothing changed. No, nothing changed. No updates. Okay, that's worth it. Then I saw it because I'm the part that I studied was more the health integration.

07:23

So I didn't know that part. Okay. So yeah, that's very interesting. Sad, but interesting. Yeah, I don't think I need to worry about anything. Yeah, it's just like the way it is. Yeah, it's not very well done.

07:39

It's different from other countries, I would say. For sure. So I'm gonna guess that they didn't provide you with for example information if you need to go to the hospital or if you need to some

treatment, even if it's not mental health.

07:52

So any kind of treatment. You're right. Again, from the group chat, I saw that someone sent a contact of like that oh like the company Fidelidad they are providing some insurance insurance yeah and I called them and they started it was actually not Fidelidad it was it was Fidelidad some like division yeah some division division that was called I don't remember how but it was like this organization that was some I don't know is wheat yeah that's the it's a it's kind of a religious yeah yeah at the moment I didn't know that so I called them and they started to collect some information about they collected my passport data they collected everything and in the end they're like before we sign the insurance did you know that you could also go to a local health care provider and sign with them and it will be for free and then I was like, no, I didn't know that.

09:01

And they were like, oh yeah, that's the fact. And I was like, can we then, I will probably do that instead of like the insurance. And they were like, okay, but still they collected everything. And it was a bit, you know, like it's not that you go to some strangers.

09:21

Maybe they should first inform the person if they already know about the local services. This was one of my, I have to say it without swearing. Like I missed the thing. So that was it. And after that, I was like, okay, maybe I will go to the local healthcare provider and do that.

09:44

But then my friend who is from Brazil, she said that she had like some accident and they did it on the spot. So you don't have to do it in advance. Yeah, you don't. Basically what happens, and here I'm going to give you very little information but to it's basically the health centers of, I don't know, for example, if you live here in this district, you have a health center that takes care of this district.

10:08

So if you need something, you're sick, you have a fever, whatever, right? Something that it's not very urgent because if it's an emergency, you should go straight to the hospital. And also in the hospital, in the normal public hospitals, not the private ones, of course, but in the public hospitals, you arrive there, they give you a bracelet according to the severity of your problem and so on.

10:31

And you don't, it's a public system. But normally if you go to a normal consultation, just like, oh, I need some medicine maybe. Or like once a year appointment. Yeah, that's in the public centers that belong to the district.

10:49

So you just need to go there and schedule an appointment. Our phone, the health center schedule and appointment appear there. They make your like, your phone. information into the type it into the computer they attribute to doctor to you not a permanent doctor in the beginning not a permanent doctor but for example because my mother she's a general practitioner so she works at one of those centers and she is the first doctor that everyone's primary care doctor yeah so basically what happened the doctors the health centers got this communication from the government that said that any Ukrainian citizen can be coming into the to the health center had to sign not sign they had full access to everything in the public system etc and for six months it's not you don't you don't have like a doctor appointed to you a specific doctor but after six months you can actually have one doctor assigned to you like a family doctor oh yeah the doctor that will always see you at that health center okay that's Nice to know.

11:59

So after six months of staying in the country, the Ukrainian people had the right to have a doctor appointed to them, like a family doctor. Okay, so now you have the right to go. Yes, I think so. So if you talk with the health center at your district about that, they will provide you for sure with that information.

12:21

So yeah, I'm not surprised that you unfortunately didn't get all this information about health. So I'm pretty sure nothing about mental health was told to you guys, or maybe groups that are helping. There are very few initiatives actually, which is not very good.

12:44

So I remember I wanted to have help from someone that knows the law here, and I found a PDF file somewhere on the internet of volunteers who provided lawyer help, lawyer support. And it was like 100 people, and I called like 50 of them, and actually received like free consultation from five solid lawyers about like, I think that bothered me at that time.

13:16

And I'm pretty sure I can also, if I search, I can find similar with mental health, especially in the beginning of the war. I saw that people exchanged numbers of psychologists, therapists. They were like...

13:37

But it was very focused on that chat group that you have on Telegram, right? Exactly, yeah. Not like official information from the government, nothing like that. Also, I saw something mentioning a healthcare line when I was...

13:58

You know, it's also like this thing that when I came to Portugal, I signed this temporary protection and you have to already say your address, even though you don't have... You just arrived here, what address do you have?

14:11

So I filed like the hotel address where I stayed at and everyone said that, oh, you can change it after, it's like just temporary. So it turns out you can't change it so easily. So you have to go to Sef and it's also a bit problematic because you have to have an appointment there.

14:33

But also when I was googling, I found one of the government websites that said that Ukrainians don't have to go there, they have to call to this line. So of course I tried calling and there was like five numbers and none of them responded.

14:48

Then I found another website that said like specifically for Ukrainians called this line. I called there and on that page, I think it was like helpful. Ukraine or something like that. Yeah, help for Ukraine is one of the pages.

15:01

So there was like consultations about like SAF and then I think there was like something about like mental help for their support. Yeah, there is one. That I just noticed in the corner of the website.

15:15

So I called there and the lady said that you should just send them an email. So I sent them an email about inquiry of changing the address because it's also very interesting because when you want to open the financial portal, you have to receive the password to your physical address and I no longer live in the hotel and I'm not sure that the hotel will agree to receive the password and then give it to me.

15:46

So it was just a mess, you know. Yeah. And yeah, so she said that you should just send an email. I sent an email. I sent a follow -up email. It's been like four months. I didn't receive any reply even though to the same email line, I texted like in May about like they're delaying my temporary protection and at that moment, like one year, they did reply, but it seems like right now they have such a busy line, such an amount of messages that they simply cannot process it.

16:26

It's been like that with a lot of Ukrainians that now the wait time of obtaining the temporary

protection because still people arrive here for the first time. They don't receive their like the numbers and the papers for half a year.

16:44

But again, it's not what happened to me. It's just what I read from the group chat. What you read, yeah. And so in the end, how did I change matters? I didn't change it. I just went to Finansash. I just I just begged and asked for it.

17:00

I just almost cried, you know, because I needed to file for some kind of NHR program that had a deadline. But someone there helped me. They were very empathetic. And they helped you solve that problem.

17:16

Okay, that's nice. Yeah, so basically, you were telling me yesterday and I found that interesting because you said you were in Poland for like two months. And that you might have some cool insights like comparison to make.

17:34

And that would be interesting for me because to understand what maybe Poland is doing right that Portugal isn't. 100%. So I went to Poland by bus on 1st of March 2022. I went with my aunt. It was just like a crazy situation.

17:55

We did not want to go to Poland. did not know what to do so her husband just honestly kicked her out of the country because you know like men are it's very problematic for men to... They had to stay, yes I know.

18:08

And she didn't want to go but she was like the only female and my relative yeah that was in that city at that moment. My mom was in another city that was like very problematic to go out of. So

me and her we went to Poland and it was very like it was like three attempts to go because of such a high volume of people trying to escape we had like three attempts to one of them was by train but it was just...

18:38

The lines weren't... Yes I heard on the news. It was just a human mess. The second attempt was by on foot to cross the border it was like we almost died. Third time it was successful we just waited a bit and then we were able to cross.

18:57

And so just as we crossed the border as we just were already giving our passports for the stamps yes there were already so many volunteers like with food with anything like with diapers for kids you know and with already like there were people that were like very you know like they were just giving out hugs you know something that was very much needed and then like we could eat for free we could relax that we are already out of this unknown yeah the danger and then as we were on this bus as we were going to Warsaw because this was our destination you know like those road signs that are electronic and you like sometimes they don't change right right something like about the dangers on the road so they wrote that like welcome Ukrainian refugees you're welcomed here just to receive any help.

19:59

So once we went to Warsaw, once we were there, we had our bookings at the hotel and we went there. Oh yeah, it was a hotel that I knew at that time. And we spent there like a week and we tried to find some information.

20:18

It was really easy. We just went to the railroad station, we just went to bus station and already there was tons of information. Banners, like signs, people that were dressed in this special clothes that you could see them right from the distance.

20:40

They had health, health, health, yeah. organized free food for everyone, free clothes, like free everything. And on every street you could see like at least like a paper with some information, yeah with addresses where you have to go with free contacts of everyone like lawyers, medicine, Medicare providers, anything.

21:21

Like it was just I never saw anything like this. It was just like a national disaster and people were trying to cope with it but for foreigners you know, it's been crazy like the amount of help that people provided was insane.

21:38

I've never saw anything like this. I literally didn't even think that it was possible for a country to be so empathetic and so healthy. So yeah of course I received all the help. I think we never paid for food unless we wanted to cook something.

21:55

Which by the way, so at first as I already told we were staying for a week in one hotel, then we rented a hostel that was cheaper because we didn't know how long it will take for like of course we we hope that it will be like one week but it could be from one week to five years.

22:15

So we were like trying to save up the money. So everywhere we go we see like free housing, free housing like free like for everyone and we were kind of afraid that it would be like you know like a gym, open gym with just some bedding, yeah because I know that there it was the case so with with the first days we were like kind of you know like we were a bit into more comfort.

22:44

Yeah and then we found out that it's and it was the way we found out. I don't remember exactly but it was very much obvious that you should just apply. Yeah, one time we were just getting our free food and there was like this line of people trying to sign up for some program and we saw it

that at the register it said like free housing volunteers like Polish people accept you in their homes.

23:15

So we're like what should we do? Should we apply? So we decided to apply, both of us. And it just said basic questions like how old are you and like females or males and any pets. Oh, because the pets was like very much of a problem, which was like really sad but you know it was a panic so some pets were abandoned just on the railroad.

23:43

Yeah and I also for myself saw like on the first day mothers were just stacking their kids into those trains and because they couldn't go inside because it was already full. affordable. But yeah, so we applied and like three days later I got a call very kind of late in the evening but because it's like they're open 24 hours.

24:08

Yes. And they said that we found you a host like it's like a Polish couple they will they are already here at the railroads can you go are you here and we're like no no we're just like we're already somewhere here elsewhere like in a hotel and can we go there at like tomorrow at 9 so we went there and it turned out to be like the I don't know like it's a it's like a miracle that happened to us that we ended up living for free for as much as we wanted for as long as we wanted in the family of a couple that they had kids but they're already grown up and like studying somewhere else so we had like a free room for ourselves with the bathroom and we like anything we wanted like we had some money for like food and everything but they were always always asking trying to help you don't need anything do you want anything we will like drive you to this so they're like our friends forever right now and yeah because I live there for two months but my aunt she stayed there and once my mom was able to go out she yeah she went there and they spent I think like six months there like in total and one of the craziest things to me which I only discovered like recently that like these Polish like this Polish couple they even gave my mom and my aunt keys from their house so they could like at any time really turn yes yes crazy that's that's very interesting yeah to know and also because Poland is the frontier it's with Ukraine yeah so I think

that's very good that they mobilized like that from I know the the initial point here in Portugal.

26:00

We also had a lot of families that provided shelters They they also Portuguese are normally welcoming people. So yeah, I know of some some people that I wanted to also add that For Portuguese. So once I got here I was First like I was in Lisbon and then I realized oh it's I cannot find accommodation that quick as I thought So I tried to find like the cheapest Airbnb on the spot Yes, and I found one but it was not in Lisbon.

26:38

It was as I already said is some other Korean Do you know where it is? Yes, more or less. Yeah, it's like near Villa Franca. Yes. Yes, it's further Yeah, it's like kind of problematic to get there, but it was really cheap to Like it was like and it said like or Airbnb like rare finds And yeah, so we just booked it and it turned out to be a Portuguese old couple also with kids that are already grown up And we went there and it was amazing like apart from so we rented a private bedroom and a bathroom and They served us breakfast every day.

27:16

So once we uh once the Our stay was coming to an end We still didn't kind of find anything honestly and they were like, you know what? We have like a room upstairs. It's just for the kids when they're visiting But it's free at this time you can just stay the next the next guest is coming, but you can stay there for free.

27:38

Yeah, which was You know very crazy, but we ended up finding something like on the yeah on the last Minute, so it was cool Also, um, I went to Germany for a couple of days because I had friends there So I went from Warsaw at the during those first two months So once I got got there it was like the same thing everything was very much about like Help yes, everything was explicit.

28:09

Yes. It's very explicit. Yeah with with bold letters There were tents with free food and it's not like

snacks. It's like food real food a meal. Yeah a meal. Yeah, and uh For you know masks were still Because look yeah, they were And uh like free everything it was just a bit More I would say it was less of a chaos.

28:35

It was super structured like all the Germans the other structured because in Because Poland was like the first Country. Yeah, they were always so and it was very very everywhere explicit and in Germany It was like very specific you should go to this place.

28:52

You should go to that place, but in Germany people receive received everything. They received housing, they still received €5 .50 per month and German courses and like the help there is very much structured and also explicit.

29:12

So everyone knows what to do, even like the grandmothers you know because a lot of like old people when they're there they know what to do. Yeah, and yeah. So yeah that's actually a nice insight so you would say that having a Portuguese, well Portugal is lacking a structure when receiving Ukrainians in this case and maybe if we had a better structure if we centralize the information in some points it would be better for the people coming in to figure out what to do right?

29:48

So yes and also maybe it was lacking some you know like boldness some example. because on the streets I never saw anything. You had to go online. Exactly, you had to search and I tried to search and then it was still not very optimized so a lot of random websites were outdated and at that time every day counted so every update was really important and it was a lot of outdated information and I saw some, we stand with the Ukraine signs and it was really nice but it didn't provide information to be honest.

30:31

Yeah, that's actually very interesting. So the presence of physical signs that could tell you you should go here, you should do this and if you need some, for example now trying to refocus on the mental health, for example if you need some support, some psychological support you should contact this number because for example we do have a national line that they have, they answer in English they have both languages but there's one that they answer in English and it's a specific one for psychological support.

31:04

It was actually created during the Covid pandemic and there were a lot of foreigners living in Portugal so they created that psychological support line in English specifically. So there's that and maybe there should be some physical signs telling people if you need some psychological help.

31:23

Maybe like if there is a sign that is just physical and on the street it acts as a double insurance that yes, we do provide help, it's not like something digital. You don't have to go search for the help that you need, maybe it should be explicit.

31:42

And can you tell me a little bit about your cultural side? So from what I understood from another girl that I interviewed already, Victoria she told me that Ukrainians, they don't really know how to speak Ukrainian.

31:55

search for a lot of help when it's like psychological help and well -being. I think it's still in the very developing state of things. I've never used also like a mental health from therapists, but I think that I am like more of a...

32:19

I want to like help myself move forward. Maybe Victoria is right. Yeah, because she said it's

maybe a little bit of a cultural thing that Ukrainians feel like if they're asking for help like to support them psychologically, they feel like they're failing somehow, failing somewhere like...

32:42

It acts as an evidence maybe. I see that a lot of my friends are in therapy, but those are not Ukrainian friends. Yeah, it's there. I noticed that every friend that I meet here... and I have a bunch of friends right now and everyone is like...

33:00

At some point. At some point they do receive help and for me it's getting by that example is normalized right now. But maybe when you were in Ukraine it wasn't so normal to contact with people. Maybe it was just maybe maybe some of the people did help but maybe they didn't tell me about this, you know?

33:21

Because here it is completely normal to discuss your mental health problems. If you're feeling anxious and so on right? So because my question here is what do you think would motivate someone from your background?

33:40

So someone from Ukraine who's not... well it's not very usual for you to ask for help. What would motivate those people to stay there or here? When they come here maybe so in this situation when it's very chaotic of course and there's a lot of doubts but because psychological health has...

33:59

it's not only talking to a therapist about you being anxious. Sometimes psychological health also translates into psychosocial support and psychosocial support is when the therapist actually helps the person with all of the doubts for example when you were talking about you needed a lawyer and etc.

34:19

So psychosocial help helps with this part also which is the integration part. So integrating people into the community because integration is also something that makes you nervous or anxious because you don't know where to go, what to do, maybe you have kids and you need to enroll the kids in some schooling or...

34:39

Those types of people usually go to Germany. And what I'm trying to do here in Portugal is trying to come up with this idea of a service, a centralized service that does this psychosocial help which provides not only the...

34:55

talking to a therapist because you're feeling afraid or anxious or well whatever right but also helps with the psychosocial support which is the integration into the community I still don't know how I'm going to do this but I'm trying to get as much information about it as possible so what do you think would maybe motivate you for example you came into Portugal and it was different Portugal it's so what would motivate you if you saw some help like that some sign what kind of information do you think would you would be like okay I'm pretty sure I can contact these people and I will be helped and honestly maybe if I received information from multiple you bring in study that they went there okay so like a word of thank you for the mouth okay that's very cool yeah so yeah because it's Every kind of like services that I found here were also through word of mouth.

36:01

Yes Also probably that the service can be provided in both Ukrainian, right? So At least in Russian. In Russian? Okay. I think the the linguistic barrier I think it's also very important because you speak English incredibly well Exactly a lot of Ukrainians staying in those Ukrainian communities and it's It's something that I don't understand because maybe I was exposed to English pretty early on but So the question is how to make it more obvious obvious and make Motivates people to actually want to because one of the the things that worried the European Commission is that For example, one of the problems of coming from a war background and the

later you leave Ukraine It's more probable that you get some some Problem like a post -traumatic stress or something like this, which is very depending on the the the severity of the the illness it can be very aggressive for someone to to actually get those symptoms that go from anxiety panic attacks Unable to sleep like insomnia And it gets Worth basically and what the the the commission was trying to say is that the sooner you get people to feel supported and comfortable and get these Therapists to talk with people because sometimes for example, I already interviewed One psychologist that she has one Intervention here in Portugal, which is called Kaposiatshlana.

37:53

So it's like orange helmet And they are a group of psychologists that created the helpline. Not the national one, that's a very specific one. And they even have this one psychologist, who is called Irina, and she's Ukrainian.

38:11

So she speaks Portuguese and Ukrainian and so on. And one of the things that that psychologist told me is that, well, it's not very... For example, the people who appear that the phone calls, not every time they have a lot of sessions, because sometimes they don't need to speak a lot of times, sometimes they just need to speak once about what they're feeling or something that they need, and the psychologist will help them in some way.

38:46

And then there were some cases of people that, well, they spoke more often, some other people who had very... aggressive symptoms, they had to tell them to go to the emergency room and so on. But yeah, so sometimes it's not something that going to this kind of help, it doesn't need to be something that you have to do then for the rest of the time, you know?

39:10

Sometimes it's just a one -time thing because you are feeling anxious and you need to speak about it with someone that's like unbiased and will listen to you. So that was very interesting, that

you don't really need to go into psychologists in this case.

39:30

Or the commitments. Yeah, it doesn't have to be a commitment and sometimes going just that once or speaking just that one time will help you not develop any further symptoms. So it's called like a preventive measure to avoid developing some grave severe mental health issues like post-traumatic stress and so on.

39:56

Which is already something really big. So yeah, that was interesting. Also she told me that they received a lot of phone calls, especially in the beginning. So last year, nowadays not so much. They even had to increase the team.

40:13

Nowadays it's already smaller again, but there was a time that they had like 8 -10 therapists answering the lines. So what she told me was, for example, a lot of the calls came, for example, the people that were hosting Ukrainians and that they felt like the people staying with them might need some help.

40:35

So they called the line like to ask the therapist what they could do to help those people or to motivate them to be the ones to call that line. So yeah, but still it's not a centralized initiative. It was this one small initiative.

40:54

I don't know. Maybe it's because I never searched for it and honestly if I would search for help I think it would not be like I would find a local one it would or okay so maybe if I was to search for a therapist it would be in my native language it would be in Russian it would be easier of course yeah because I know one of my friends is Brazilian and she has a therapist but it's she's like her therapist is from the US and I'm asking like is it okay for you yes why why not in Portuguese but she's like very dual -lingual and it's for her it's okay but for me I think it would be

in your native language it would feel more comfortable expressing your expressing okay well that was very good actually I don't have any further questions and I'm just going to stop there

## Interview – Refugee Stakeholder 4

00:01

I know, because this is really important. Yeah, it's really important and I'm always afraid that I miss some information or something. So, let's start a little bit at the beginning. I know that you already told me on Saturday that when the war started, you and your husband weren't even in Ukraine.

00:20

You guys were on holiday, on vacation outside of Ukraine, and then you came straight to Portugal at that time. So, can you tell me a little bit? You guys came because you even had some friends, like a common person that you knew, that offered to receive you, right?

00:37

We have several reasons. The first reason was that we do have an offer to stay for some time. It's not a friend, it's the person we know. Many people help without being really friends. Yes, yes, yes.

00:52

And this is the first. The second reason was that before the war, we were thinking to come to Portugal for some time and have a look. Yeah. Because I've been to Portugal previously, two times, my husband has never been.

01:07

And so, we planned to come there in April, 22, for several weeks to have a look, is it? Because due to several reasons, it's a nice country to live. So, we wanted if it's possible to come for several months or for a year, just to.

01:25

So, it was definitely the country of our interest somehow. Okay, okay. And the third reason was since our city was occupied and it was frontline, Bolivnikiiv, and we didn't have too much

savings, we definitely know that we can afford Portugal with our monthly income.

01:52

I mean, it might be a little apartment, not at least a white -skate, but if we can do this. And we're not sure about many other reasons. countries, so Portugal. And one more, it's like, the other reason was that people here speak English.

02:08

Yes, yes. Because for example in Spain, you cannot go, and the reason this is what, it was not the major one that we were thinking about it, because we had friends in Germany who invited us, and here.

02:24

And there are not so many, or there were not so many Russians in Portugal. And Portugal was not so much known just to be on Russian side, while Germany has this field of guilt because of Russia, they have very good relations, so you know, so we knew that the Russian values of the politics is like, and we were quite stressed and we didn't want to to have this environment.

03:01

Yes, of course. So when you first arrived here, did you, you came by plane, right? By airplane. So when you first arrived here, and you had to take care of all the bureaucracy, so. Well, I'm lucky. It was the last day.

03:20

I guess it was the last day. I'm a last -minute husband. Oh, how come? Did you have a flight to the airport on the airport protection? Was it the last day? Mm -hmm. So that time it was already online, but online it didn't work properly.

03:37

I tried. But when we arrived on the 13th, so 13th of March, I don't remember exactly. It was the last day when the, it was the Office of Temporary Protection. What ever it is was open in Lishko

Airport.

03:53

So we came and we were lucky to follow this. No, we asked someone. It was not easy to find, but we asked someone and it took us just really, very little. In an hour and a half. If Portugal is like...

04:08

It's like, yeah, like, several seconds. So we were lucky we came and we were second in the queue and it was quite, so we took us very fast. So we managed to do this. And then we got everything online in two weeks.

04:26

Okay. So... Yeah, yeah, yeah. So when you went to that office, did they give you like some additional information of services in Portugal that you could access? They didn't give you any sort of information at that time.

04:42

They just took care of the bureaucracies. No, no, no. They just helped us to fulfill the documents. And that's all. And they speak English, it was okay. But no, they didn't give us anything. Okay. And even don't remember any, it was like a year ago, I don't remember any printed, maybe it was the last day, it's because, but we didn't get it.

05:08

Okay, okay, that's really important because yeah, I think a lot, what happens quite a lot is that people don't even know what kind of services can be provided and what are the initiatives here in Portugal.

05:25

That's true. So I had another interview today with this other Ukrainian girl that was from my college, one of my girlfriends, she told me she knew somebody and she gave me the contact, so I had the interview with her today and she was mentioning that there aren't a lot of information, the

information's are very spread out through the internet and some websites like.

05:53

I can tell you some interesting facts. Yes, yes, yes, please. So we went there and so we got some... I guess we just filled the papers and we left. Then we tried, we didn't get anything on email and it was difficult to the website because now it was everything on the website like a set for your print so it was...

06:18

And we wanted to get to go to the set. We came there around 1930 in Koshkai -sh. Yes. But the queue was like... Very big. And we decided, I guess okay next, it was kind of thirsty or whatever and I said okay, I will go next week in the morning, very early morning and have the queue and...

06:40

But then we got to the papers and it began to get so it was very lucky. The other stuff was that you never know, so we were not asking for some money because we tried to be like, to manage in my own and we think that it is better to support those who really need it.

06:58

But that time I was looking for a job and I didn't know... Where to go? Yes. So I was studying on every charts everywhere, like it was Portugal, not Portugal. And I was also trying, I was doing the same.

07:16

I was finding something, I was spreading it online, network because I see... So this is here, this is here guys, if you have please, I have a wide network around Europe. And then I sent my resume to some women, kind of jobs for Ukrainians.

07:37

I don't remember, but it's... Yes, yes. And it was that I sent to Job Center in Lisbon, so they arranged me a meeting, I'm kidding there. And they said, oh you're from Koshkai -sh, you need to

go to Koshkai -sh, but we put you in our database, I said, okay, I never knew it was Job Center.

07:58

and they were good enough and they speaking, they should have been fine but then I... within some time I got a message from... but it was like some time, it's like not today, it's a week I got a message from Kashkai Stubbs Center and I came to them and they sent me a letter that they need to come tomorrow as usual, it's like always you should come tomorrow so we all missed many things just because we moved from there I changed, it was their one and then I came and they took my papers and they got me a kind of two vacancies but they didn't answer any of the people whom I wrote with this number and what is interesting, it was April and I guess in this winter I got email from this job center and they told me that I need to send them my diploma.

09:00

I sent them my British diploma, which is in English. And the guy told me, if you don't send it to us, we, I sent it and asked that this is the English one. He said, you need to translate it. I said, okay, if I translate it, do you really gonna do something with this?

09:21

Well, I mean, I asked something like this. He said that, not like he said, if we don't, he's not going to do anything. But it was like, not true. It is not really that it can get me more opportunities.

09:36

Yeah, so it was like he has a database and he need to put something and it was like for me. So I said, no, I'm not going because I don't want to pay for translation. Because I need to pay and to somehow, you know, the certified translation.

09:53

Yeah, that certified translation. I didn't tell you my Ukrainian diploma, I gave you the English version. Yeah, and what is also not convenient that, I'm sure it's not only in Portugal. I guess it is the same in Ukraine, but for example, they tell me to change to get my new address on the

website I did when we moved because we rented an apartment.

10:22

But they didn't change it anywhere else. And the finances is better, but it's still, so I send it to Job Center. So I asked the lady with whom I emailed, please do this because they are, so our friend who travels a lot, he just got sometimes emails and it never got the time.

10:44

Never got the, yeah. And finances, you know, finances is different. Yeah, finances works a little bit better in Portugal. Yeah, yeah, yeah. So, yeah, and I'm not sure I'm guessing and from what we already talked that health services you basically you don't have a really good perspective of what is being offered.

11:08

No, no, no, because we we were told that if you need to go somewhere you need to go to you but I need to write to my friend I forgot to write to you to tell about you. Sorry, I have many things like it once the next week I'm going to Ukraine so I need to do many things here and there so I knew that that there are not enough family doctors.

11:45

Yes, we have a bit of a problem. Yeah, I know because in Ukraine we had this kind of like this and so it's difficult. What was easy? It was easy to get vaccination on covid. Last year it was easy just Google and we came to the vaccination center in Karskijs and we were fortunate enough to have their Ukrainian doctor and she really helped us to register this health app.

12:12

So it was very easy. But I know that if I need to get this family doctor I need to stand in queue for some time. Yes, a little bit. Yes, but I know that if there is any urgent matter then it is okay.

12:32

You just need to go to the public hospital and they... Yes, so we are lucky. So I had once, so the

dentist we have in our building, my passport came for some cemetery clean so it's fine. Last year I had a miscarriage and it was like it was like it is was definitely the test already showed that it is pregnancy and I was planning to get this week to the doctor but this was like...

13:03

So I was not so well and I understood that I don't have enough... I was bleeding totally but it's like normal menstruation area and stuff. Not normal but... And so my husband said we just find the nearest clinics and just...

13:31

The private clinic. So the price doesn't matter so I went to the clinic and got the results here. The one which they speak in Karskijs. So I might have... I guess there's some people who unfortunately had this stuff they might go to the...

13:48

Public? Yeah, yeah, I just didn't need to. I was not... Okay. So as for the... As for this, I'm like, ordinary cold, okay, in October I got coronavirus again, so we just put the test, and I was just at home, I didn't have any fever, and it was my second corona, so...

14:12

Yeah, so you just stayed at home... Drink lotant. Yeah, so... Yes, of course. So, basically, yeah, there's not a lot of information, and from what I get from you and the other girl that I talked, you basically don't know a lot of where to go and...

14:32

I know that Tatiana is the one I talked to, she used to go to the doctor. Yeah, I'm going to meet with her tomorrow in the afternoon, actually, with Tatiana. And you, Chiruka, are you doing this at home?

14:43

We're going to meet at the train station, because she comes also from Kashkai, I think, so she said

we could meet at the train station, I said, okay, of course, and so we will meet near Kashkai, in the afternoon.

14:56

train station and we will go to some cafe or something and we will talk there. Yeah, yeah, yeah, yeah. She said that she, like, she knew from the experience that it is very difficult and she's ready to share her thoughts with people.

15:11

She was very nice, yes. She was very open to speaking, so I hope tomorrow goes okay. So now a little bit about mental health and the psychological support. I know that you already have some background with this because you already took some therapy and so let me just put it this way.

15:37

We even talked a bit about that on Saturday that you feel that the Ukrainians normally don't ask a lot of help on this mental health part and the well-being of your emotions and of your psychological parts.

15:54

So can you tell me a little bit about that? If you think there's a way to overcome that barrier, because since Portugal and other countries are receiving a lot of Ukrainian people and these people might need some sort of help, but we don't know how to reach them basically.

16:15

I guess that, let's see, first thing is that we do not, not like all of us, but mainly most Ukrainians do not go to any psychotherapists or psychologists though. So we have the tools to handle it, like have a chat with friends, with the mom, drink whatever they drink.

16:43

I mean it depends. But it depends on the tragedy. I'll be the tragedy. Yes, sometimes with lots of hot spirits. And it is not, I guess it is not the case. stigmatized anymore like in this but still not so

much ordinary thing let's say.

17:07

It is definitely different in like in the different levels of income and I guess in many cities so small, in cities why not, bigger maybe better, I don't have the full statistics but I do think so. And this is first part and the second part is that this is my hypothesis.

17:26

Yes, of course. What I see that many of us who manage to survive and who are here with husbands which is really rare all of our men who are fortunately out of the country, all of us, okay, I believe 99% feel some guilt of survivors.

17:49

And so many of us are not ready, especially we were not ready last year to talk about this. and admitted even to yourself, to each other, to yourself mainly. But maybe, yeah, because you need to formulate it correctly.

18:06

Especially after all this difficult stuff about RuPaul and RuCha, so Zoom, it's very difficult. Yeah. And so, it's difficult. So you have guilt, but from what I have, you have this trauma, because it is like a trauma.

18:25

And so it is like, at the same time, I feel trauma, of voice trauma, and I'm a survivor of this system. It's difficult to admit and go to ask for help. And one more thing is that some of us, not everyone, but I really speak to some people, not about psychological, but still.

18:48

Some of us just somehow managed to settle the life, and some of us were traveling a lot, like we usually spend in Egypt for two to four months in Victor, because it's warmer. But at first, we tried

to behave like it is just again our not very, okay, not so short, but kind of long trauma.

19:13

So it took us time to admit that losing the country, the home, it's been lost. And when it appears that the apartment, for example, is okay, like in our case, and many other people, not everyone is from the cities that we're really destroying.

19:33

And then it's like difficult to say that you are not like coming to another country for the year. And you know this curve of intercultural, when a person can come abroad, there is the curve. Yeah, because it's honeymoon.

19:48

So we couldn't have honeymoon just because this is not the reason we came. But we tried to settle the life. somehow behave, I'm sure I did the same with me, people who met was here, that we tried to support each other and not to go on their own, so we tried to have kind of, well, luckily our life, we have Portugal, we have ocean, we have sun, so you know, it's like this.

20:11

And so it took us some time to say that that support is truly needed. Yes, so yeah, that was one of my questions, it's like, do you feel like if Portugal, because at the moment Portugal doesn't have it, but if Portugal had this really nice structure where they communicated, okay, you can come here for support, do you think it would be welcomed?

20:40

Yes, I believe, I'm from marketing here, so I believe that all messages can be delivered in different ways. For example, if same guys, you may feel these, these, these things. It's not like you are not okay, even if you are not okay, but there can be not just psychological group, but some care.

21:07

Let's have a meeting and just people to talk. Yes, like a community, a centre -life. Yeah, I guess it's possible because, you know, like when you have a dependency, like from out on drugs. Okay, it's nice to go to this, already to the doctor, to this anonymous, how we call, electronic subterfuge.

21:35

I mean, all this way of trial of steps, but usually when this starts talking about the problem, it's not like you come to the doctor for medication. It is. Yeah. The problem is you can read what are the symptoms, how it is, please.

21:55

If you have this and this, then you might be in danger. So it is kind of some of, it is in the air, some relatives or something. Yeah. I guess it's my, I assume that it's possible. Yeah, so maybe basically, for example, if we're telling people, okay, you can come to this group, for example, and in this group, you have other people that came from the same background as you.

22:24

They speak the same language as you. They grew up in the same country as you. Yeah. And you can all talk about what you're going through. This would be a nice way to overcome. Yeah, and maybe start not from, so I participated and I led the groups like Psycho-Drama Groups and Psycho-Therapy.

22:42

Yeah, yeah. But it's not like, guys, how am I going to have Pseco -Therapy? No, because there's no trust. But say, okay, guys, we're going to have a Piki or a... Like an activist. We're all together and we're all sharing something.

22:58

Just to have this connection, just start having it. Okay, that's nice. And do you think that, for example, because you also told me on Saturday and I found that very interesting that you speak very well English and you're perfectly fine with that, but a lot of people that are leaving Ukraine

don't speak English at all.

23:20

So do you think that being this a subject that it has a lot to do with what people are feeling and their experiences, do you think that the language is also a barrier because people are like, oh, if I go to this service and they don't speak my language or they only speak English and I don't speak enough English to be able to communicate with them, do you feel like this is also a problem?

23:48

Yes, the problems have again several layers. First people have... not good English and for example if my English is excellent to talk about many things including psychological I used to be a synchroative translator for some time not a very long one but I did and when you translate very fast you need to find lots of words and I'm very fast and finding metaphors to rephrase all this stuff not everybody can do this so far it is even if people speak quite good English it might be difficult for them to communicate on some sensitive things again so it's important the second part is that I guess it is about the Ukrainian mentality but this is also about the mentality of those who come to Portugal and to any other country several years before because if we assume that people come and there is a translator who translates from Portuguese to Ukrainian I guess 100% this is the one who lives who has been living in Portugal for some time some of these people not all but many of them might be not so good to those who come because they say oh we came 10 years ago 20 years ago we started from poverty we need to climb to get something important and you just came and you've got everything you know it is the story not only Portugal in many countries I know this from other Ukrainians I guess it is about the Ukrainian mentality but maybe about some other stuff of people of different generation of immigrants yeah yeah so people maybe a little like distrustful of that and so it is very important to see and to check who are these ones Because for example when we go to the vaccination center, the lady there, she's a doctor, I mean, has took her contact, they never contacted her, I don't need.

26:04

But she was so open and she said, if you need anything, but health, so she was, and she was not like all the poor things now. She was also not telling that you're lucky enough to get to work now,

which never.

26:20

But I know that some people might be like... It is really important to check because you might not use this because you think it, but this may be... Maybe the case in the end. Yeah, yeah, it might be.

26:43

People are more stressed and someone is talking to them with some arrogance or... That's how I make you. Okay, that's true. And if you're stressed and somebody is having a difficult attitude with you, you get even more stressed.

27:06

Yes, yes, because many people, like, you know, people say, oh, I know this was in Germany several times, people say, oh, you come on with a car, we are more fancy about cars, it's kind of state to sea, and we have different pros than in Portugal, but maybe she has like two pairs of pants.

27:34

Yes, and for all that counts, even if they arrive here with their car, maybe they don't have a house left in Ukraine. Yeah, and that she doesn't have food, or linen, or she doesn't have someone to ban her kids from growing, and you cannot open.

27:52

Especially if they had a good life with them, which I'm worried about. Yeah, that's true. Well, this is mostly it, because we already talked so much on Saturday, and I took a lot of... There I took notes when I got home, I wrote everything down.

28:10

But this was very helpful, because you actually have a lot of insights to give on this mental health part, and it's very good for me. So, yeah, thank you so much for coming. You're welcome, I will

write to my colleague right now.

28:26

Yes, thank you so much for that help. Thank you, see you, I hope we will meet not only for pasta, but twice for pasta. Yes, I think at least once for pasta, at least once. Sure, sure, sure. Okay, thank you.

28:40

Bye -bye, thank you so much. Bye. Thank you. Thank you.

## *Interview – Healthcare Stakeholder 1*

00:07

Pronto, então podemos começar pela pergunta inicial que já sei qual será a resposta mas assim fica registrada.

00:23

Nunca atendeste um cidadão Ucrâniano com estatuto de refugiado?

Desde que começou a guerra, creio que nunca atendi. Pronto.

Tudo bem, mas já atendeste, portanto, outro tipo de pessoas, estrangeiros que estavam em Portugal por vários motivos de migração?

00:44

Sim, por vários motivos que não tem nos últimos tempos bastante. Ok. Muitas vezes, variedade, nacionalidades. Ok. E não falando antes de português? E não falando antes de português. Ok. E dentro de, por exemplo, dos não -falantes de português, dirias que, em termos das consultas, existem mais barreiras no atendimento, menos barreiras.

01:19

Em minha opinião, existem mais barreiras, porque, apesar das pessoas hoje em dia se munírem e querem o médico, querem os doentes, os utentes que recorrem ao médico, e eles próprios, ou nós, vamos com os telemóveis fazer as traduções que é por inscrição, que é violão.

01:46

Já tive casos de que tive que escrever, já tive casos de que tive que escrever, que ele é móvel, e outros casos de falar para o telemóvel e aquilo traduzir automaticamente. Traduzir automaticamente. E em termos de barreiras culturais, por exemplo, tu és médica de família, médica de medicina geral, mas já tiveses populações de migrantes ou populações não, autênticos migrantes, aparecerem -te na consulta que necessitassem da ajuda dentro da saúde mental?

02:22

Sim, já tive uma noção de mental, porque os períodos da adaptação vindo -os recentemente, falta da adaptação, porque embora às vezes tenham aqui já alguma família, mas pronto, são outras culturas, culturalmente, tenham outras ideias, não, foram, digamos, cresceram numa cultura diferente, mesmo a utilização dos serviços médicos.

02:59

para eles, às vezes é diferente. Mesmo, por exemplo, a nível de cuidados de saúde básicos é diferente às vacinas que fizeram. Toda a gente fez vacinas, mas o calendário vacinal, vacinas distribuídas gratuitamente ou pelos governos, ou nos equivalentes de sede de saúde, são em algumas situações somenosas.

03:33

E sentes que no que concerne o tema da saúde mental, portanto, os utentes estrangeiros, especialmente se calhar, os de fora da Europa ou de zonas da Europa mais limítrofes, apresentam uma maior relutância em aceitar ajuda.

03:50

O de fora da Europa aceita menos, tem mais dificuldade em aceitar, não é do lença mental, mas as perturbações do foro da saúde mental, digamos assim, do lença mental podem ser, podem ser depressões, podem ser estas estimias da pessoa a ver de fora e ter um novo país para se adaptarem, que não sabem a língua, não sabem os costumes, todas as dificuldades, muitas vezes também têm menos dinheiro, portanto, são pessoas com menos mais carências económicas e portanto, têm nenhuma certa dificuldade em admitir e nem sequer encaixar disso, tratam mais das necessidades mais básicas, por exemplo, é mais frequente virem a mulher, porque engravidou e vem -ne a consulta, tentar que seja o seu seguimento, outros Vem às consultas porque no trabalho podem ter dificuldades em ter uma doença aguda, pronto, e a parte mental, porque já é difícil a barreira linguística, depois há a barreira cultural.

05:20

E para a barreira linguística, tu descesse que muitas vezes usam as telenovas mais... Sim, sim,

agora usam as telenovelas. Mas no caso da barreira cultural, vocês têm algumas maneiras já... há métricas, já existentes para tentar contornar essa barreira?

05:36

Tentamos contornar, perguntar -nos sempre de uma maneira já já já, como em qualquer entrevista clínica, isto é, como qualquer entrevista de saúde, o que é que os traz aqui. E depois deles tentarem dizer o que é que os levou a ir a procurar ajuda, a gente perguntar se está tudo bem, se realmente há mais alguma coisa.

05:59

problemas laborais, na casa, pronto, se sentirmos que há mais qualquer coisa para além disso, não é? E quando, efetivamente, eles acabam por aceitar a ajuda que costumam fazer o encaminhamento para seguimentos...

06:12

Normalmente para os psicólogos sendo de saúde, porque a consulta de psiquiatria também está mais restringida e, pronto, mesmo para os nossos utentes nacionais, também é restringida da mesma forma, não é?

06:30

Por serem de estrangeiros. Por exemplo, no caso dos cidadãos deslocados da Ucrânia, havia serviços que foram criados, não sei se funcionaram também quanto isso, em que eles tinham algum tratamento, não era especial, mas teriam atendimentos diferenciados dos cênteses de saúde geral e era dado relevo às crianças, portanto, para serem seguidas como às nossas crianças, às grávidas, para que até tinham atendimento prioritário diretamente no hospital, porque nos cênteses de saúde às vezes é difícil inscreverem -se e terem médicos no cêntese de saúde, os nacionais também não tenham, portanto, há muitos os utentes sem médicos, e portanto, nesse caso, tinham prioridade de serem atendidos em consultas hospitalares, nesse caso da obstácie, é isso, no caso da pediatria, e na pediatria, muitas vezes também, as consultas de desenvolvimento ajudavam à parte de saúde mental das crianças, não é?

07:43

Ok, mas por exemplo, tu que estivesse desenvolvido comigo aqui no projeto das inícias, sentes que vocês no centro de saúde tinham, por exemplo, uma falta de informação relativamente, porque existem vários apoios, não é?

07:59

A Portugal fora foram juradas várias iniciativas, dissentes que talvez não houbesse informação suficiente, não foi passada informação suficiente aos médicos sobre... Nós, no nosso ASEJ, o ASEJ usa como agrupamento de centro de saúde, que a unidade de saúde pertence, o agrupamento de centro de saúde é formado por várias unidades, tentaram fazer a sequência, a sequência era este, estes pontos de embora lá está a parte de saúde mental, eu acho que foi um bocadinho...

08:35

Negligenciada? Negligenciada ou pelo menos menos valorizada, negligenciada implica que as pessoas não querem saber ou pelo contrário até, mas talvez tivessem menos apoio, propriamente. Porque durante aquela fase inicial de...

08:55

questionários, o que eu percebi é que, por exemplo, a maior parte dos colegas que responderam ao questionário, não sabiam, por exemplo, de iniciativas que estavam a acontecer, de grupos de apoio que pudessem haver.

09:07

Mas isso foi noticiado, por exemplo, dentro do nosso Acer, foi noticiado através das muito noticiado como fazer as inscrições destes, os locados, de maneira a que não houvesse entraves a nível de secretaria de clínica.

09:35

E eu acho que quando tínhamos dificuldades, perguntávamos às estruturas da gente o que fazer neste homem, aquele caso, como o endossar ou o tente. Mas dentro da saúde mental ou dos

problemas de saúde mental, por exemplo, dos cidadãos deslocados ucranianos, não creio que tivesse, nesta altura, havido muita procura.

10:03

Não me lembro. Se calhar chegar a atender a alguns desses deslocados, um ou dois, três, mas, eram as situações de saúde física. Sim. Cuidados de saúde primário e físico. Sempre não estou a planejar me familiar ou acho que grávida não atende nenhuma.

10:25

Eu tenho uma família do ucranianos que está aqui, uma família de quatro elementos, meu pai, mãe e duas filhas, uma das quais já nasceu cá, mas portanto já estão cá antes desta... Mas achas que, por exemplo, se existisse um apoio, porque nós sabemos que o serviço nacional de saúde já está sobrelotado por muitos motivos e, por isso, pode não haver capacidade de, por exemplo, de orgulhar.

10:55

organizar estas informações das iniciativas extra -sente -solo que existem, não é? E deias partilhar com os médicos, com os elementos... Normalmente eram partilhadas através da estrutura do A6, digamos, as estruturas exigentes, o Diretor Executivo, a Barra, Diretora de Conselho Clínico, que são os estruturas moros, tentavam transmitir nas reuniões de coordenadores, o Chef de cada Unidade de Saúde, tentavam transmitir que a partir da hora dava isto, a partir da...

11:35

que podiam mandar para ali e que prioritariamente eram atendidos nas áreas de onde estavam localizados, às vezes residencias temporárias, que foram criadas, mas isso foi pelo Conselho de Gaia, neste caso, pelo município, e não pela...

11:55

da parte da saúde. Da parte da saúde. Eu acho que mesmo na saúde mental, não só para os estrangeiros ou para os deslocados, para os que venham em busca de melhores condições de

trabalho, acho que tal um bocado escasso mesmo para os nacionais.

12:15

Porque mesmo para os nacionais, já com a pandemia e com algum grau de desemprego maior que a pandemia gerou e pelo afastamento dos trabalhos e das escolas, até para as crianças que tiveram algumas, depois de dificuldades em reintegrar -se, não há sim um apoio muito grande.

12:40

É curto. A nível de psicólogo só é curto. Mas achas, por exemplo, que se houvesse dentro dos poucos apoios que há e, por exemplo, agora voltando a ficar na questão dos refugiados, foram gerados uma série de iniciativas, por exemplo, linhas hotlines, linhas de atendimento, para apoios especificamente ao saúde mental.

13:08

Existe uma população geral, mas que geraram em dois números, geraram com um número para atendimento só português e um número para atendimento aos estrangeiros na altura do Covid, por que temos estrangeiros em Portugal.

13:23

Mas esse número depois foi reutilizado para a situação da Ucrânia com atendimento em inglês. Por exemplo, tu sabias desta informação, esta informação alguma vez que foi passada, de que poderias dizer, imagina, parecia -te um utento Ucrâniano na consulta e tu mencionabas que ele até podia não estar naquele momento de querer falar, mas tu dizias, olha, mas se tiver algum momento mais ansioso ou se tiver de sentir sintomas mais agressivos, pode contactar este número.

13:56

E pronto, como é que eu ia explicar? Se calhar não sabia bem disso, sabia que eventualmente mesmo no Conselho de Gaia haveria algum apoio, mas eu tenho a ideia e isto sem ser pejorativa para os serviços de psicologia, porque eles são poucos, mas que esses serviços de apoio além de telefónico mandavam muitas vezes para o médico de família, retornavam, aí vai ao centro de

saúde ou vai ao centro de saúde da sua área e fala com médico que lá estiver, porque eu acho que se veio ter casos desses.

14:38

Ok, pronto mas isso é importante. Mas porque... Não fundo aí ou então tentavam comunicar com os psicólogos locais, não fundo eu acho que nem sequer... Tô com uma conversa mais... mais longa, isso tu já não posso dizer?

14:59

Sim, no caso do serviço do SNS, eu não sei, não tenho detalhes sobre isso, que não foram oferecidos detalhes. No caso da outra linha que foi gerada, essa é uma linha solidária, e foi uma iniciativa solidária que surgiu de uma psicóloga de cascais, mas também é uma linha telefónica, portanto, pode dar um ucraniano em qualquer parte do país ligar para essa linha, e aí era feito um atendimento, e era marcado, era, por exemplo, o primeiro atendimento era telefónico, mas depois marcava uma consulta, as pessoas tivessem longe online, isto sempre dentro do movimento solidário, com a equipa de psicólogos que estavam a fazer esse atendimento telefónico.

15:40

Isso não, isso é essa? Pronto, mas achas que seria benéfico, por exemplo, que os serviços de saúde, ou, portanto, os médicos e mesmo a parte de psicologia que está sempre presente no CNTSU, tivessem estas informações extra para poderem providenciar aos...

15:58

Era necessário, às vezes, há muita falta de comunicação e de comunicação. Dentro dos próprios serviços, não é? Dentro dos próprios serviços. Portanto, também relativamente aos casos dos colocados ucranianos, efetivamente no nosso ACES, que é o agrupamento de saúde, havia uma médica que estava a trabalhar uma vez que já estava em trabalho, foi sucessiva ao Covid, anteriormente, tinha sido contratada para fazer linhas de apoio ao Covid, mas depois trabalhava com os colocados ucranianos quando fossem, mas era relativamente a saúde física, claro, também a capacidade, os médicos familiares também têm a capacidade de avaliar de detectar alguma

alteração da saúde mental.

16:59

Isso forma alteração não muito grande, que nós possamos controlar, também podemos controlar. Ela como médica de família que era também estaria preparada para isso. Vou deixar -me ver aqui. Pronto, já falamos um bocadinho sobre como ultrapassar as barreiras.

17:22

Relativamente aos cidadãos ucranianos, posso também dizer, eu acho que vi alguns e mesmo os ditos que a dita família tem na minha lista de utentes. Acho que só um desilumino só que fala Português, português já compreensível, que é o pai que talvez esteja cá mais tempo, o chefe de família digamos.

18:02

Já a senhora, a mãe das meninas, fala por um telemóvel. Contra -dutor. Contra -dutor, mas as engolias percebem, as meninas já foram falando português. Ok. Pronto, acho que... Fico já numa escola ou etc.

18:26

Sim. Pronto, acho que é basicamente isso, porque era esta questão de tentar perceber quais eram as barreiras, já falamos. Ainda por exemplo, esta semana atendi uma grávida nepalesa. Realmente quando são palesos para questão, venham sempre acompanhadas do marido.

18:50

Sim. E ela não falava nem português, nem inglês. Sim. E ele falava, mas depois também quando ele não entendia, foi os tais que me deram para eu falar e aquilo para derogar automaticamente para no nepalesa.

19:05

Sim. Ok. Portanto, uso de tradutores para quebrar barreiras linguísticas. Senha, uso... Bebia telefónica para as entrevistas... Para as entrevistas clínicas, não é? Porque eu sei que uma colega

do CEMS seguiu uma grávida e que tinha o apoio, tinha que marcar com a tradutora...

19:39

Ok. O... A tradutora não era presencial. Não, não. Era por via telefónica. Ok. Portanto, ela tinha que fazer a consulta aquela hora para ter a tradutora disponível para... Ok. Pronto. É isso. Tá?

19:57

Tá. Está ótimo.

## *Interview – Healthcare Stakeholder 2*

00:00

Agora sim. Portanto, eu descobri este e este vosso projeto um bocadinho a custo, tive que pesquisar bastante na internet e achei que se enquadrava mais ou menos em alguns parâmetros dentro desta minha tese demonstrada, pelo menos da parte do acesso das pessoas com estatuto refugiado ou proteção temporária a determinados serviços, nomeadamente o acesso à saúde mental, não é?

00:30

E portanto, se me puderes falar assim um bocadinho por alto, já respondeu de qualquer maneira na altura no e-mail que me encaminhou, mas se puderes explorar um bocadinho mais eu agradecia. Sim, basicamente o Mobile Interagência se surgiu, tenta de complementar uma resposta que nós já estaríamos a dar, mas devido ao facto que temos por si humanos comparativamente às pessoas que acompanhamos, nós a coragem fazia um cobrimento centralizado, ou seja, apesar de estarmos aqui na regra do Lisboa, a verdade é que tentamos sempre centralizar as pessoas ao máximo, portanto, obviamente as pessoas também ouviram programas humanitárias, seja em re-instalação, seja o que foi e ver com a sua humanitária do que é neste, as laudas dos últimos, sem cober a instalação que eu tenho escuro aparente, e nós tentamos sempre ao máximo que as pessoas saiam do Lisboa, pelas pessoas do que eu estive, pelas pessoas também de quebrar um bocadinho também a relação que quer, quer, não, que quer, não.

01:26

Acabo por ser um bocadinho de independência em razão aqui aos técnicos, porque só não se trata de apelimento, que se eu esperelizo, obviamente, que eu preciso de nós perdure mais alguma coisa, mas tem o que neste intuito de promover a autonomia das pessoas, contudo, por cá está como São Zumbi que eu, que a Nenem sempre é fácil nós conseguimos deslocá-los com uma maior previsidade, seja para a Salá Pequimarens, ou para a Braio, ou para outras cidades do Norte do Peir, e, decisivamente, no som do tempo de Santa Família, no mesmo Norte do Peir, e então surgiu esta questão do projeto Mite, como nós chamamos, que vem tendo, tem, tem, tem no

fundo também dar um maior acompanhamento, copra -me de proximidade com as pessoas perfugiadas.

02:05

E claro que a parte da solução mental é também importante, mas para o todo o projeto acaba por abranger todas as áreas de integração. Mas também teve uma componente que para nós também foi fundamental, que é o contacto com outros técnicos, não só o contacto do ponto de vista de conhecer o território, possibilitar o exemplo de, se claro, nós teremos uma ação de sensibilização, baiva formação, baiva a situação, em Felgueira, não conhecimos nada de Felgueira, o território, como é que está, como é que não estava.

02:37

E isso permite -nos ter aqui algum feedback sobre como é que o território, se você está sentindo um canal das famílias lá, como é que você está a saúde no caso, como é que é o acesso entrei, que tem perigostei, então permite -nos fazer aqui uma análise um pouquinho mais aprofundada que vá por além, onde nós encontramos obviamente na internet, e tal, vamos esportar que fomos fazendo ponto A.

02:57

Se tivemos essa possibilidade de contactar vários técnicos, conseguimos também ter essa visão um carinho mais adersfundada. Da parte da sua alimentar, assim como outras, para ter sua psicólíca clínica, normalmente aqui no centro, eu faço acompanhamento psicológico a algumas pessoas quando estão no centro, claro que o problema depois suja porque no momento em que as pessoas passarem do centro.

03:19

Regra geral, quando nós estamos a falar no período de 4 a 6 meses, as pessoas ficam no centro, muito derivada à questão da pacoferta no mercado em molhário e, portanto, é sempre um bocadinho mais difícil que as pessoas consigam sair do centro com maior vividade.

03:36

Portanto, pegando aqui em pequenos casos, basicamente eu acompanho as pessoas quando estão no centro, quando saem do centro, às 2h a 2h uma, ou, enfim, se as pessoas vão ficarem próximas do centro até conseguem vir cá, mas regra geral, é um bocadinho Uma barrera que, neste caso, é a que eu gostei de ser também filho, porque muito de as pessoas não têm muita forma de se deslocar.

04:00

Aqui é o centro, o centro não está no centro da cidade, nem de Luz, nem de Ligbo, fica assim, mas é um bocadinho mais afastado. Há sempre a possibilidade de manter o acompanhamento de vir online, mas muitas dessas pessoas também não têm, apropriadamente, uma grande experiência com o online.

04:15

E depois, um terceiro fator que é a questão da confidencialidade, porque, enfim, é a maioria, eu diria 80% mais ou menos, são mulheres e muitas vezes mulheres que ainda não têm, apropriadamente, uma grande autonomia, não só no nível de decisão, mas também até ao nível mais simples da questão de comunicação, que teve um número próprio, e portanto, quer dizer, não haveria forma de eu nunca saber que estar a ligar para uma marida, fazer uma chamada, que o marido não chegar a salvar, é um períndio difícil.

04:50

Então, o que nós fizemos foi sempre tentar centralizar o máximo em casa submetal, obviamente que ainda é mais difícil. Tendo em conta a falta de repostas que existem, ao nível público, mas também ao nível de outras associações, que possam ter um serviço psicologia um bocadinho mais, um valor mais reduzido.

05:09

Só depois em nós também encontramos algumas dificuldades, como por exemplo termos psicólogos que se recusam a atender pessoas que não falam a portuguesa em inglês, que é uma língua incomum, ou mesmo psicólogos que não sabem que existe a possibilidade de ter um

interno, se não trabalhar com o interno.

05:28

Isso, de coisa a coisa, acaba por dificultar no carinho a nossa vida, mas por exemplo, nós... Existe outra organização em psicólogos, que é a Jaté Reza, que tem uma bolsa de psicólogos e de psiquiatras, e que nós provavelmente íamos conseguir o apoio de Deus, para em qualquer eventualidade, de qualquer pedido de apoio psicológico que surja, poder, pelo menos, ter ali uma resposta, e que consegue de uma forma mais ou menos...

05:56

é acessível, obviamente, claro, muitas vezes é online, mas enfim, eu acho que aí na parte do instrumental acaba por ser aquela área que nós temos mais dificultado em poder dar respostas, pelo fato de elas não existirem, né?

06:11

E portanto, ou por exemplo, tentamos, nós fizemos agora uma parceria com a cidade de Percussão Psicológica e Clínica, e pelo menos um pequeno grupo de pessoas aceitou, pelo menos um caso a provórtido, não vai ter qualquer custo, acaba ao CPR de pagar apenas o serviço de mediação cultural ou de intérprets, mas estamos a falar essencialmente nas casas de psicópsicos que estão aqui na zona do Iirboa, porque quando nós queremos poder centralizar é difícil de encontrar ou poder dar uma outra resposta.

06:44

Portanto, quando nós fazemos isto a cumprir um destes, obviamente, que é essa uma área que nos interessa, mas também, nós sabemos que dificilmente que não, a partir do privado, do serviço, de ser privado, dificilmente as pessoas poderão ter uma reporta a não ser, para as sucessões um pouco excepcionais, de pessoa que tem que ir ao J .C.

07:04

Psicotai, etc., e mesmo aí até um aperimento também um bocadinho pontual ou muito esporádico, que semos que depois dão um cobreme psicológico puriduro, acaba por não insistir. Mas, enfim,

pronto, o projeto tenta, vai tentando dar um bocadinho respostas e articular com diferentes entidades, decididamente porque nós também não conseguimos estar presentes em tudo e não conseguimos, e também não queremos, em muitas as coisas, estar presentes em tudo, mas nem chegar soamente à saúde, sim, precisamos muito de pessoas por estar muito reína e que conhecem a reporta que existe.

07:36

Descente que existe, por exemplo, uma falta de divulgação ou de interação entre o serviço, eu pergunto isto porque eu já falei com outra iniciativa, foi uma iniciativa para o bônus que se gerou na zona de Cascais, por um grupo de psicólogos, na altura quando começou a guerra na Ucrânia, não é?

07:57

Portanto, quando começamos a receber os primeiros grupos de pessoas vindas da Ucrânia e o que me parece muitas vezes é que embora eu já estou a fazer este projeto, agora já vai quase um ano de caminho, o que me parece é que tipo, existem algumas iniciativas, não existem muito, existem algumas e é difícil encontrar -las e parece -me que as próprias pessoas, por exemplo, eu contato com essa iniciativa, que eu acho que passei de laranja e falei com órdines psicólogos, por exemplo, porque eles também tinham umas integrações com algumas câmeras municipais, nomeadamente na zona norte e depois falei também que o Serviço Nacional de Saúde com alguns médicos de família, também para perceber que tipo de integração é que está a fazer na parte de, que estava a ser feita na parte de cuidados primários, não é?

08:46

Sendo que eles cheiam um hipotético primeiro contacto de uma pessoa com um sistema de saúde. E pareciam -me que havia uma desinformação no fundo. As pessoas não sabem que iniciativas existem, não sabem onde as encontraram, sinto que isto também é uma questão para a falta, por exemplo, de procur, às vezes, dos serviços que estão a ser desenvolvidos e das iniciativas que mandam a CPR.

09:17

Sim, mas isso já é falta de informação por parte das pessoas que fugiram de uma vez. Sim, sim, sim. Sim, claro que isso também tem influência também, ainda que neste área continua a ser muito estigma, é a razão à sua alimentação.

09:33

As pessoas aceteram serviço de psicologia, tem que ser muito por... Quer dizer, por existência, mas um bocadinho de dar a possibilidade das pessoas experimentar um bocadinho, mas estas pessoas nunca tiveram...

09:53

O seu cara era um bocado diferente, porque aí nos aflados já me posam que muitas coisas têm... Temos um experimento parecido com o nosso, mas nós aqui no centro que recebemos a decisão em pessoas do Iraque, da Síria, se ela estudar ou ficar disto, agora as pessoas também do Irão, todas elas vão diversilhendo em parte também em certas aspetas, mas a gama e eles nunca têm que contar com um psicólogo e por isso a questão de também...

10:19

Ou estás com muitas aulas de ilusão de humor, etc., falar com o psicólogo que poderá fazer sentido, para fazer tudo o que dê, mas acho que isso não é propriedum uma resposta. Portanto, eu diria que mesmo que existissem as respostas, às vezes é difícil as pessoas poderem aceter assim livremente, mas ter essa iniciativa de aderir.

10:41

Agora para o lado claro, acho que nesta área e a pessoa do CPE, onde já na área que há muitos anos, e todas as mundicturas, mas a grande na parte dos técnicos que estão no centro, que trabalham nesta área da prestação intelectual.

10:57

Bem ou mal, mas conhece o CPR, acabam de por haver muito pouca partida de práticas entre técnicos e de respostas existem. E claro que depois vão repor os serviços públicos, sendo mais

gritantes na área da saúde.

11:13

Com a sucesso aqui em Lisboa e em Zona, as maiores populações, como o que eu estou falando, também no Porto, poderá ser mais fácil. As pessoas, quando digam que são os técnicos, profissionais, têm em contato com migrantes, que é um grande bol, mas depois para outras zonas, elas não fazem a minha ideia, sei lá, com o refugiado não preciso de pagar a indicação para devaevatar a farmácia, que com recorrente proteção mesmo que não tenham o número do sistema nacional de saúde, pode ter um número provisor.

11:46

Pouco, mas há pequenas particularidades que depois os jesuos não conhecem e também muitas vezes... Eu não estou muito preocupado em que venci, porque estou falando de números muito tão pequenos que também não está às vezes a mais a ir ao trabalho.

12:01

Mas eu diria também um terceiro ponto que é questão dos intérpreos, porque nós continuamos a assistir a muitos carros médicos e outros psicológicos e outros informais de um tempo também com sem intérprete, dava -se o Google do produtor, e nós, por exemplo, sempre temos o Google do produtor, é muito regalimentado, e portanto, muitas vezes, e há uma das coisas que eu prefiro, porque nós estamos a lutar a vezes falando, porque é, principalmente, a profissional de saúde, que já temos feito, que é que a diagnóstica que está aqui a dar às pessoas quando, quer dizer, nós já conseguimos garantir que a pessoa gostará de traduzir, gostar a comunicar, já está de facto correpto, né?

12:41

Correpto é um sentido de, até, um outro truque -o -dio, não é? É um apapamento, um intérpreto, um medidor que consiga brasileiros para proteger de uma forma mais simples e contextualizada, muitas vezes.

12:53

Nesse sentido, eu acho que há aqui muitas coisas que falham, e deveria haver, claro, uma maior divulgação. Nomeadamente, foi a importância da poluição dos medidores, e eu quero ver mais de um ponto isso, que é uma coisa que estes quase nem necessiam, né?

13:11

Como assim, para o estar um medidor, como se alguém dar uma consulta. Mas outra maneira, seria um... querido mais que me diga as coisas, seria um serviço, né? Então sim, eu acho que nesse aspecto, falta um querido nessa divulgação, que eu, por lugar, tenho parte também, tento...

13:27

ter tudo a dar, né? Ter tudo o que é possível. Claro. Sim, eu, por acaso, já tinha tido essa parte, essa... esse... Não, não. ...porum menor sobre os interpos, por parte do Serviço Nacional de Saúde, uma das pessoas que entrevistei, mencionou que é perfeitamente possível, só que é necessário, é mediante marcação e etc., ou seja, se souberem que...

13:53

vão ter uma marcação com um utente que não fala português ou inglês, é possível fazer uma marcação com um intérprete para estar na consulta, mas a marcação tem que ser feita a priori antes da consulta ser marcada, que é para saber quando é que o intérprete tem e, efectivamente, disponibilidade para estar presente ainda telefonicamente, a maior parte das vezes acho que pelo que eu percebi é quase sempre telefonicamente, disponível em situações de centros de saúde para que poderem estar presentes e poderem fazer a mediação da consulta, seja de consulta medicina geral, ou seja, de casos de psicologia encaminhados para a psicologia.

14:38

Sim, eu acho que a única forma de poder contrariar isso é que os próprios serviços tenham seus próprios entados, não sei se se refie, que dependem lá o que vemos no número, não é? mas eu não sei se fica ter um interpt ao medidor a full time, mas as poucas arquitetas têm a sua bolsa de interts, porque muitas vezes também há interts que podem não ser tão adequados para a da sua mental, ou não estão por dentro, que é um aterimento de psicologia, por exemplo, e isso é um

aspecto que nós estamos muito em conta, porque, quer dizer, as melhores coisas, felizmente eu nunca tive muitas experiências negativas, mas por exemplo, minha colega de 13, que também trabalha sem ferro no 300 já, tem tido as pessoas que podem existir, é uma bolsa de interts com um medidor, e que ninguém está percebendo o que está a acontecer, ou o medidor não está voando exatamente o que está a acontecer, e depois há estes momentos que também por um lado podem suscitar...

15:40

Desconfianças. Não só dúvidas, confianças, e acima de tudo, depois de promoviar a adesão da própria pessoa atrapalha -te, porque o supercente não está a ser tramitado, não vai a não -mais -alucas, já tem dificuldade em percebido qual é a minha mais valida estar aqui como psicóloga, uma psiquiada, senão se isso não aconteça, realmente foi uma perda de tempo, e o que é de esse aspecto é um bocadinho também, que se infiniti mais.

16:03

Isso é interessante, porque, pronto, na minha tese, eu realmente aproveitei o fato da situação da Ucrania ter acontecido muito recentemente, e estou a usar como focus group, como o estadica -se para a tese, até porque eu não conseguiria abordar refugiados, em geral eu tive mesmo o que fazer aqui uma funilamento, essa é uma tese demonstrada, portanto, tive que afunilar a um grupo, e acabei para afunilar a parte de, portanto, todas as pessoas que vieram da Ucrania no início da guerra, ou que ainda estão a vir da Ucrania por causa da guerra.

16:36

E é interessante que agora me diz essa questão do intérprete, porque uma das senhoras que eu entrevistei comentou, e para casa era uma pessoa com uma awareness para tudo que toca a salud mental bastante grande, ela própria já tinha um grande...

16:52

já tinha tido várias sessões da Conselhamento e etc. Mesmo ao longo da vida, não só agora, no pós -guerra. Mas ela comentou uma coisa interessante acerca dos intérpretes, que era precisamente esta questão de nem sempre correr bem e às vezes isso gerar desconfiança e aí ela

depois estava a falar de uma questão cultural a nível do povo ucraniano, que é, pronto, preconceitos que os próprios ucranianos trazem e, pronto, e ela já estava a trazer uma série de outras questões.

17:20

Mas achei interessante esse paralelo que fez agora que realmente o intérprete é uma excelente ferramenta, mas ao mesmo tempo pode ser uma ferramenta que derrapa e que acaba por deitar por terra e às vezes agravar algumas das do medo ou da desconfiança do estigma que já possa existir associado ao acompanhamento da sua Tem até porque, Pedro Chuvath, é porque há aqui uma questão que, por muita vida, mais os técnicos não é porque colocam que, ah, mas nós temos que garantir que o intérprete seja confidência -lhe a verdade, principalmente.

18:01

E uma das questões que nós temos sempre que antever, é se este intérprete, primeiro, se tem algum tipo de relação dual com o paciente, de alguma maneira, e se é o intérprete porque entende aquilo que está ali a acontecer e aquilo que está ali a acontecer, não pode ser partilhar para motivos de ponto a ouvir.

18:23

E muitas vezes nós temos, existem intérpretes que não fazem. E posso dar aqui um exemplo da nossa organização, nós temos um intérprete que nós normalmente não utilizamos para a parte da sua mental, porque é uma pessoa que dá -se muito com as pessoas aqui.

18:39

Eu vejo ela cá para ser um mediador cultural que está presente em diferentes momentos, não só em momentos de conflito, não só em momentos de integração, de explicação, de coisas ligadas à integração no país.

18:53

E depois também se dá muito com as pessoas, com essas pessoas, que têm esse tratamento de ligação com as próprias, mas que depois isso entra em conflito quando entrava a parte da

psicologia, e as conversas também sentem isso.

19:05

Por isso às vezes alguns técnicos falam dessa questão, mas isso também é perceber as pessoas que precisam trabalhar. E porque existem muitas que já pensam, essa experiência nada de muitas, que não tem o que dizer, mas algumas já têm a ser pensadas na sua mental e que sabem o que é que implica também.

19:26

Claro. Não, isso foi extremamente interessante, porque precisamente tudo o que disse até agora, basicamente encaixa -se, a minha entrevista no fundo é semestruturada e acabou por ir de encontro aqui às várias coisas que eu queria analisar, que é, por exemplo, as barreiras de acesso, e já falou na linguística.

19:47

nas barreiras culturais, ao nível do estigma e etc. Inclusivamente da geração de desconfiança, o de medo por causa de certas gravantes que vão a acontecer. Portanto, isso, para mim, foi extremamente interessante.

20:02

No entanto, uma das coisas que eu tenho vindo a verificar realmente, por parte com as entrevistas que eu tenho feitas, mas mais do lado também das pessoas ucranianas com quem eu falei, é realmente uma falta de informação gigante, por exemplo.

20:20

Eles até podem não ter uma sensibilidade muito grande para o tema da saúde mental, alguns deles, outros já tenham muita, porque como já comentamos na Ucrânia, não se encerra propriamente num padrão de país já com um afastamento muito grande dos nossos conceitos de saúde e de bem -estar que se tentam promover na Europa, por menos.

20:43

Mas mesmo assim, basicamente, As pessoas não sabem onde ir, a quem recorrer. Já sabemos também que por parte do sistema de saúde nacional estamos com uma enorme falta de tudo no fundo, de pessoas de recursos para poder atender -se, quer a comunidade nacional e quando temos estes casos externos temos que recorrer mesmo no fundo a iniciativas e pessoas que se disponibilizam porque se é mesmo complicado e não há resposta para dar a toda a gente.

21:19

Por isso nesse sentido eu também gostava de saber, por exemplo, se tivessem que na CPR ultrapassar esta barreira da desinformação dos refugiados que chegam a Portugal, como é que o fariam? Que tipo de métodos ou que tipo de canais é que optariam por usar para divulgar a informação de você?

21:41

Vocês podem receber determinados tipos de ajuda nesses sítios ou se dirigirem em estes locais. Como é que ultrapassaria esta barreira da desinformação? Que me parece que está a ser realmente um dos highlights maiores que eu tenho tido com as entrevistas que tenho feitas até agora?

22:00

Pois é sim, nós temos essa, neste caso, uma vantagem, e as pessoas estarem aqui no local, estando essa falta de informação, elas me estivigam em algumas de praqueira, de informações que as pessoas de uma maneira ou outra vão tendo, ou vão construir sobre o país.

22:21

E no caso da saúde, enfim, nós temos de fazer algumas deções, também não são assim muitas sobre o sistema, mas fazemos algumas deções sobre o acesso à saúde, como é que, sei lá, coisas como um símbolo, o serviço de saúde, o que é um centro de saúde, o problema do estudo é um conceito de novo, que é um hospital, que aqueles é que devem me terem conta para ir uma urgência para não era uma urgência, mas isso é uma ente a ver e nós temos essa facilidade antérica em uma boa relação com a comunidade de cuidados continuados de Sacavanque, dependendo das fases, mas tem muita sugestão para vir aqui ao centro, fazer ajudar o próprio

consulta de medicina geral e familiar e alguns assos de informação como a vacina, a vacinação e a pesagem, etc.

23:11

Então, se você for bom, tendo esse contacto também com esses técnicos, a perdidamente tem que saia. Se nós virvamos preparando as pessoas sempre ao máximo para alertar não só para as questões de tempo de espera, mas para a questão também de poder inscrevê-lo sempre de saúde e qual é a importância de se inscrever no centro de saúde, que o centro de saúde, ao contrário do que acontece aqui, provavelmente não vai ter interdespenível e, portanto, de ajuda de nós, as pessoas conseguem encontrar algo em que vá com elas da consulta, ou as pessoas ligam para a linha traça -alfónica do SEM, o que rara muito acontece, mas...

23:45

Nós vamos tentar fazer informações às pessoas para que elas também possam ter uma terimento de melhor qualidade. Agora, se me perguntasse se depois de facto acontece ou não, eu sei, e já é um pouco diferente, porque com certeza as pessoas também não estão preocupadas com uma série de outras questões que é um tectifórmio que também se passa um pé de um lado e isso acontece muito.

24:09

Pessoalmente, durante o tempo em que estamos no centro e mesmo durante o tempo post -centro, há muitas informações que nós temos preocupadas várias vezes. Há uma informação que eu posso dizer hoje, amanhã, no outro dia e passado de uma semana para que a pessoa vá dizer que não se lembre disso.

24:25

É que a minha comunicação sempre é constante e sempre é igual, porque é uma hora apenetária eu a dizer uma coisa e depois a minha colega dizer o seu contrário para que se você desmarra, tudo mais confuso.

24:37

E acho que outra coisa também ajuda a repoblar o pomal. Mas a cada por ajudar é as pessoas também irem sendo confrontadas com a realidade. E, por exemplo, obviamente, quando nós dizemos às pessoas que são para o hospital, têm que estar preparados por uns tempos que esperam muito grana, as pessoas já iniciais, mas não o credem também.

24:54

Depois quando vão, percebem que, ok, de facto, há aqui uma questão que é muito diferente do aspecto de que as pessoas têm sobre a saúde em Portugal, de acesso à saúde, que evidentemente as pessoas têm acesso à saúde.

25:09

Agora, um acesso que muitas vezes não é da qualidade que poderia ser ou que deveria ser. As pessoas contêm essa noção, inicialmente ficam assim um bocadinho surpreendidas, zangadas com isso, porque a gente não estava mais perto.

25:26

De realizar também que muitas delas já tiveram algumas situações de discriminação só por serem reforias e, por tantas vezes, há esta ideia que as pessoas fazem desses acontecimentos que eu, se calhar, não estou a ser a filh de um professor que foi já da que não falo português ou da que não sou do país.

25:45

Legendas pela comunidade de Amara .org que é um tipo de interpretação que nós entendemos que ele exista, mas aí aquilo que nós fazemos é retirar, retirar, retirar, até, não, nem até exaustar, mas quase no sentido em que dizer isto.

25:58

Muitas vezes em Portugal, nós não sentimos, caso... muitas situações de discriminação existem algumas, de serviços públicos, mas que há um grande desconhecimento sim, e, portanto, muitas vezes, pessoas até podem ter um comportamento que não está tão adequado, mas tem a ver com

essa falta de desconhecimento, e não propriamente porque a pessoa é refugiada, ou a que quem é imigrante, ou o que seja, apesar de existir, apesar de existir.

26:23

Claro. Nós fazemos isso e, paralelamente, que está a falar com os próprios serviços, entre o que dá para os próprios serviços, fazer sessões de difronação também para eles, para também me contar sobre o que é importante, a história quando vão aqui e tal, não serem manadas, embora se fases a qualquer outra pessoa, por causa deste tutorial que as pessoas trazem, o impacto distante para a integração.

26:44

Tanto vamos tentar falar sobre as suas questões agora. Vamos a falar sempre do número relativamente pequeno. Não só dos teclas com o Pema, falamos de momento da culpação de foguear e retrasar em português.

26:55

E para perceber um trabalho um bocadinho ardo, mas é disso. Temos essa vantagem das suas tâneas aqui no Centro. Ok. Pronto. Eu agradeço imenso a disponibilidade. A entrevista é a mesma curtinha.

27:08

Essa mesmo foi literalmente a sua resposta inicial, basicamente, quase que cobriu tudo o que eu queria. Já estou treinado. Exato. Tudo o que eu queria saber e eu agradeço imenso por estar disponibilizado para colaborar.

27:25

Vamos e vamos. E olhe desejo de um bom resto de dia de trabalho. Também vou agora regressar ao meu... Boa. Fiz esta pausazinha de lanche agora. Fechei. Sim. Tudo bem, tudo bem. Obrigada, Jornal. Para o teu ilumino ter estado aqui a aliar.

27:39

Não tem problema nenhum e agradeço na mesma disponibilidade e foi ótimo. Obrigado. Ok, obrigada e sim. Obrigado. Obrigada. Boa noite.

### *Interview – Healthcare Stakeholder 3*

00:00

Eu sempre tenho dois, ponho dois também. Pois é isso, estou com dois, estou com dois. Pronto. Então, vou assim, chegar já ao assunto, não é? Porque depois também terá que ir tratado as suas coisas e depois também tenho que ir continuar a trabalhar.

00:18

Então eu gostava de começar, já que está inserida nessa iniciativa, que foi a que me chamou a atenção dos Capacê dos Laranjas, que me falasse assim muito brevemente sobre a iniciativa, porque assim fico registro em áudio e depois faço a transcrição.

00:31

Assim, então os Capacetes Laranjas são uma iniciativa desfilidária, de apoio psicológico à distância, dirigido à comunidade ucraniana, que está em Portugal, e que já vivia em Portugal antes do início desta guerra, e também para os deslocados que foram chegados a Portugal.

00:53

O apoio foi dado de forma individual e também sobre a orientação parental, o sentido de orientação parental, porque tivemos muitos pedidos de famílias que estavam com algumas dificuldades de adaptação.

01:07

Ok. Ótimo. E então, já que me está a falar da questão do atendimento, como é que descreveria a experiência, a sua experiência enquanto psicóloga, da atendimento a este cidadão? Que incites é que, como é que acha que era essa interação?

01:26

Bem, eu gostaria de começar por dizer, Joana, que esta iniciativa, se foi mostrando ao longo deste tempo, uma ideia, se quiser, muito boa, neste sentido, porque ao longo do tempo, além do apoio psicológico que fomos dando a estas pessoas, muitas vezes nós ficávamos a estas pessoas porque

muitas instituições norte -assu recorriam aqui a este serviço.

02:00

que temos na equipa, pessoas que falam ucraniano. E nesse sentido, devo dizer que me parece, dadas as necessidades que foram apresentadas, uma iniciativa muito positiva. Relativamente aos apoios, nós tivemos diferentes apoios.

02:20

Se houve casos em que o apoio foi momentâneo, digamos assim, portanto, uma sessão muitas vezes foi suficiente para fornecer a estas pessoas respostas que elas estavam à procura. No outro caso, os acompanhamentos foram mais prolongados.

02:48

Se num primeiro momento, o nosso objetivo era pegar aqui das ferramentas dos cremeiros corresponsáveis psicológicos e pôr um bocadinho à disposição dessas pessoas que estariam a precisar. percebemos no segundo momento que algumas pessoas precisavam de outro tipo de apoio psicológico e assim fizemos.

03:07

Com por exemplo, muitas vezes nós dávamos alguma orientação parental a mães para que elas pudessem orientar ou reorientar muitas vezes os seus filhos. E portanto foram trabalhos diferentes. No fundo é isso que eu quero transmitir.

03:29

Sou ponto de vista do apoio psicológico e foram muitas ferramentas porque tivemos apoios semanais, tivemos apoios de 15 dias, tivemos outro tipo de intervenções que foram duas, três sessões. Muitas vezes falámos com as instituições que nos pediam ajuda e tentávamos também deste lado procurar respostas mais locais e portanto fizemos aqui um bocadinho também este apoio mais comunitário.

03:59

Tivemos oportunidade durante um tempo de ter nossa equipe uma psicóloga ucraniana que nos ajudou nessas respostas dentro da própria comunidade porque muitas pessoas chegaram e não conheciam ninguém em Portugal e tivemos muitos pedidos das famílias do acolhimento.

04:15

Os famílias do acolhimento é que sentiam de alguma forma que as pessoas que tinham chegado estavam a precisar do apoio e muitas vezes essa resposta foi dentro da própria comunidade, não necessariamente um apoio psicológico, o conhecido apoio psicológico, uma intervenção dos filmes corros, mas tinha encontrado respostas que servissem da almofada, essas pessoas que sentiam muito sozinhas num país estranho e algumas como as de as dificuldades económicas.

04:40

Ok, faz todo sentido sim, que seja uma intervenção mais a nível comunitário no fundo, mais um trabalho social no fundo, não é de comunidade. Fico no sentido do apoio mais... Fico no sentido social exatamente, que é por acaso uma das vertentes que eu tento abordar na minha vida.

05:00

na minha tese, que é esta questão do apoio psicossocial, porque numa entrevista mais primária com uma psiquiatra, ela comentou que, por exemplo, o tipo de intervenção mais interessante para este tipo de casos é precisamente uma intervenção psicossocial, dentro da comunidade e, portanto, é uma coisa que me interessa particularmente.

05:20

Eu penso que é fácil de perceber, se nós conseguimos pôr -nos no lugar do outro, não é ninguém. Muitas vezes a resposta mais efectiva é alguém que também está de alguma forma na minha pele, que fala a minha língua, que conhece o meu país, que consegue perceber melhor, é assim que eu sinto, enquanto o cremano, neste caso, eu sinto aquela pessoa que partilha as minhas crenças, que faz parte da minha comunidade, que foi educada.

05:57

e cresceu também na Ucrânia, que me percebe melhor. E, portanto, nós sentiríamos o mesmo. Se tivéssemos que sair de Portugal para um país estrangeiro, que o nosso país tivesse em guerra, nós sentiríamos o maior acolhimento e uma maior identificação com o psicólogo português.

06:16

Claro, claro. Tu estás de sentido, sem dúvida. Mas e então, por exemplo, no exercício, quando estava em essas intervenções, por exemplo, telefónicas, que chegaram a fazer, que tipo de dificuldades, ou se sentia alguma dificuldade ao nível da interação, que tipo de dificuldades é que surgiam.

06:36

Joana, PUC, a primeira intervenção era sempre por telefone, mas chamada telefónica, mas com o objetivo de uma consulta online. Bem, através do WhatsApp, ou através do Zoom, o acompanhamento era e tem sido feito por vídeo e chamada.

06:53

PUCs foram os casos em que a intervenção ficou pelaquela primeira chamada. Dificuldades. A língua foi sem dúvida e é sem dúvida uma barreira. E aqui neste caso, muitas pessoas não tinham alguma resistência em fazer uma adaptação, digamos assim, porque o objetivo era ir embora.

07:26

E portanto, muitas vezes essa acaba por ser a dificuldade. A pessoa até tem os recursos à sua disposição, mas não os quer agarrar, porque na verdade, senta que isto é temporário. E quanto menos tempo tiver que há melhor.

07:39

Aliás, nós temos algumas pessoas que já regressaram ao trâmite, que estiveram em acompanhamento conosco. E portanto, estas acabam por ser as três dificuldades. É o que eu identifico e é um bocadinho a ideia também das minhas colegas.

07:54

Nós sempre tivemos reuniões de intervenção. e íamos partilhando também as dificuldades, aquilo que íamos aprender e aquilo que íamos poder melhorar. Portanto, a língua sem dúvida, muitos após foram feitos também em inglês.

08:06

O não querer ficar, o não querer adapotar, não estar confortável, porque... Como é que eu ia explicar isso, sobre o ponto de vista psicológico? Estas... as pessoas queriam castar bem, porque ele ia se procurar, vamos ajudar, porque estavam em sofrimento psicológico, mas a verdade é que não queriam agarrar os recursos disponíveis, na alguma delas, não são todas, como devem calcular, mas ainda é um número expressivo, tivemos muitos casos em que as pessoas não queriam utilizar todos os recursos, porque dentro delas queriam mesmo ir embora o mais rapidamente possível.

08:50

E combine. O que sentimos é que esta comunidade é uma comunidade muito resiliente, também pela sua história e nem sempre, apesar de sentirem que precisavam da ajuda, não criam essa ajuda, não é? Porque o ter ajuda a seu ponto de vista psicológico era sentida como mostrar uma vulnerabilidade ao outro e é algo que esta comunidade não gosta de fazer, gosta de mostrar exatamente o contrário, que são muito resistentes e que não precisam da ajuda.

09:30

Portanto, muita dificuldade, uma forma muito resumida, de pedir ajuda. Então, tínhamos famílias de acolhimento que nos pediam ajuda e quando nós chegávamos ao contacto com estas pessoas e com estas famílias, havia algumas vezes resistência a aceitar esta ajuda.

09:49

Claro. Portanto, era mais uma questão, portanto, era a barreira linguística e depois uma barreira cultural mesmo, ao nível da... Cultural, sim. Sim. Pronto, agora foi interessante porque já me abordou aqui a questão das barreiras linguísticas e culturais e para ir fora e, por exemplo, que era uma das minhas questões de follow -up, quero para a barreira linguística, quero para a barreira

cultural ou mesmo do estigma, portanto, em se calhar a ver a algum estigma associado, sente que existem ou que processam e ferramentas é que existem de momento para tentar ultrapassar este tipo de barreiras, por exemplo, a linguística, vocês conseguiram arranjar a psicóloga ucraniana, o que foi uma excelente maneira de fazer em um bypass a barreira, não é?

10:35

A psicóloga de português, nós temos uma equipa, uma psicóloga de follow -up ucraniana da psicóloga que fala russo. Ok. E na parte das barreiras culturais, sentem que existem algumas técnicas, algumas ferramentas que conseguem usar para tentar ultrapassar um bocadinho essa...

10:52

Que tenho que ter conhecimento, ter conhecimento. e muitos nós tivemos que ir também estudar, nós tivemos que estudar sobre este país e também a recolha que fomos fazendo dentro da própria comunidade.

11:07

E portanto, é uma informação que não ultrapassa toda esta barreira, que é o que... mas que nos ajuda, não é? E explicar ao outro que o nosso trabalho é sempre muito imparcial, não é? E que a empatia eu posso entender o outro sem de facto ter estado no seu país ou ter vivido em guerra, não é?

11:28

E portanto, a remuneração terapêutica, que aqui com as vidas ásperas, mas permitiu -nos mostrar ao outro que independentemente das circunstâncias nós tínhamos ferramentas que os podiam ajudar e podíamos também orientá -los dentro de respostas dentro da comunidade.

11:45

Porque em Portugal há uma comunidade muito muito expressiva. Ocraniana há muitos anos e nós tínhamos esse conhecimento. Não, esse conhecimento. das inscrições que podiam ajudar, de locais onde as pessoas se juntavam, dos grupos de apoios que estavam desenvolver -se a nível

local com o Cranianos que já viviam em Portugal.

12:06

E, portanto, nós também passávamos ao outro esta informação que íamos recolhendo. E a escutativa, tentar perceber o que é que o outro sentia e o que é que o outro desejava. E replicar também ao outro que, independentemente das nossas circunstâncias, nós somos pessoas.

12:29

Eu gostaria de dizer que não tem casos, mas que há muitos colegas que têm casos. Nós temos pessoas, pessoas que acompanhamos e que todas são diferentes. E todas têm a sua história que é única. E parece que a psicologia e a inconsequência, para fazer uma boa intervenção, olha o outro desta forma, não é única e unha e fomos conseguindo, felizmente, em caminhar e ajudar muitas pessoas.

12:58

Agora, por acaso, surgiu uma questão, porque no início eu tinha comentado que, por exemplo, até muitas vezes os pedidos de ajuda vinham, por exemplo, às famílias de acolhimento e etc. Sim, sim. E eu ia perguntar, por exemplo, como é que acha que se poderia montar aqui um sistema, a partir do momento em que estas pessoas davam entrada no país, como é que seria a melhor maneira de promover uma situação em que, se calhar, não tivessem que ser só impulsionados, por exemplo, a família de acolhimento ou pela instituição, por exemplo?

13:37

Sim. Quando as pessoas chegam a despeis, há muitas respostas que eles são dadas. Com, por exemplo, a nível de saúde, a nível social, e porque não também em um habitat saúde mental. A saúde é um túnel.

13:54

e portanto seria muito importante existir -se logo desde logo, primeiramente, as respostas, principalmente em questão, nesse tipo de intervenção em crise, nós sabemos que uma intervenção

percoce vai diminuir a probabilidade do desenvolvimento de perturbações, não é?

14:13

Ou do recurso postraumático, por exemplo. Nós sabemos que podemos dar esse contributo, então quando as pessoas chegam, as pessoas ou dentro das equipas eu concordo com este apoio multidisciplinar, onde pode estar um médico, um psicólogo, um enferma, algum assistente social, etc., depois de cada pessoa tem de facto as suas circunstâncias, mas num primeiramente é se o pessoal devia ser acompanhado, ter esse recurso disponível, pelo meio.

14:46

E se sentir -se que precisasse, então ter essa resposta. Olha, está muito da intervenção. no âmbito dos primeiros corre psicológicos que podem ser feito em grupo, não é? E portanto, essas pessoas diziam desde logo ter essa oportunidade.

14:59

E se não conseguíssemos, não é? Idealmente, desde logo, a pessoa saber onde está a ver esse recurso. Mas os países que recebem e que acolhem também precisam de tempo muitas vezes para organizar. Para reagear isso, para reagear isso.

15:12

Para montar, nós temos, não. Nós temos, a proteção civil tem, este tipo, e não só o INEM, algumas instituições têm, têm este recurso. Mas não é disponibilizado para as pessoas que nós acolhemos. Ok. É disponibilizado em circunstâncias muito particulares.

15:33

Ok. Estão depois de apanhar em um cenário de uma catástrofe natural, porque também acontece. Também, claro. Como terra, deveriam chegar ao país de acolhimento e ter uma resposta imediata no âmbito de saúde mental.

15:47

Imediata e quase personalizado um bocadinho para aquele caso, porque uma pessoa que venha de

um ambiente em que aconteceu uma catástrofe natural ou que aconteceu uma situação política extrema, como por exemplo, nos refugiados que vieram da Venezuela na altura.

16:00

Exatamente. Ou uma pessoa que vem de uma situação de guerra, como os ucraniais neste momento, têm em todos quadros diferentes que necessitam de... E dependem da altura em que chegam. Sinal, porque quem chegou no início não trouxe as mesmas questões que quem chegou 3, 6, 9 meses depois.

16:17

Exatamente. Estão sempre questões diferentes, porque quem saiu logo não viveu... quer dizer, viveu, já saiu com o seu país em guerra. Mas quem lá teve 3 meses ou 6 meses... Viveu... Viveu... O outro tipo de cenário, o outro tipo de destruição foi exposta a outro tipo de eventos traumáticos.

16:38

O que tem? Traumáticos, né? Porque todos as pessoas desenvolvem... quer dizer, porque aqui há uma fase, uma fase de guba em que todas as pessoas, a maior parte das pessoas, têm aqui... podem ter aqui alguns sinais que devemos estar atentos, mas nem todas depois vão desenvolver.

16:59

Uma proteção. Mas algumas vão. Claro. Algumas vão. Tiveram a trabalhar, viram as suas casas destruídas, assistiram a bombardamentos, assistiram a mortes, o último caso em que as pessoas estão já em processos de luto, porque nos estarem morreram familiares, que não ouviram, que não se conseguiram despedir, né?

17:19

Porque tudo isso tem, portanto, para um processo de luto. Portanto, para, por exemplo, ficar com as situações não sendo diferentes. Claro, claro. Pronto, acaba por ser um bocadinho esta entrevista. Eu disse que não ia ser muito longa.

17:33

Era mesmo só para explorar um bocadinho estas questões e adorei realmente deu aqui uns insights muito interessantes e que vão um bocadinho de encontrar aquilo que eu já tinha pesquisado, mas que me dão ainda...

17:49

Pronto, agradeço. É muito legal, é muito legal. Ah, muito agradeço, é só oportunidade. Eu vou falar com os meus colegas, vou falar já com a Inês, ainda está nos Estados Unidos, para os Estados Unidos, mas parece que pode ser a próxima colega com quem fala falada, acompanhamentos em inglês, ela tem essa particularidade.

18:15

E depois com a doutora Irina, que é a nossa psicóloga Ucrâniana, ela sim vai dar muita informação. É sempre... Eu gostaria... Nós lidamos muito o nosso trabalho, como deve calcular, porque sabemos que fomos muitas vezes uma resposta única, abusados de ter assistido outras, mas não existiu de facto, desde logo, uma resposta governamental.

18:41

É, não, isso é sempre de lamentar. É, por acaso... Eu trabalho com o trabalho das minhas colegas, ao ser mentor a deste projeto, enquanto psicóloga, isso é muito gratificante para mim e para as minhas colegas, claro que sim, mas eu penso sempre que seria melhor não ter aqui assistido estas iniciativas solidárias.

19:03

Claro, claro. Não faz todo sentido e vai muito de encontrar aquilo que eu pesquisei, e no fundo, um bocadinho, a minha teoria, chamamos -me Vilaçim, entre aspas, que realmente há uma falta de resposta governamental, por exemplo, a questão do...

19:17

Eu não te ter percebido onde é que está a interação, por exemplo, com o Serviço Nacional de Saúde, que eu tenho uma mãe médica, médica de família, eu perguntei, mas não fizeram...

Passaram vários decretos, nomeadamente o decreto de...

19:37

Os hospitais e mesmo os Serviços de Saúde, não é? Com consulta e etc. Mas não passaram, por exemplo, as questões da Tuberculosis, etc, porque a Rússia e a Ucrânia são focos, mas não havia... que é norma clínica, por exemplo, para haver um despisto, ou por exemplo, não é?

19:56

Numa consulta normal, não precisam de estar a entrar numa urgência, porque já tiveram uma crise de ansiedade gigante, podiam simplesmente estar numa consulta normal e ser feito um despisto... Assurmetam?

20:11

Assurmetam. Nós tivemos alguns casos que a resposta do encaminhamento foi direta para a urgência. Paz. As pessoas que estavam mesmo muito fragilizadas, muito vulneráveis, pessoas que deixaram o seu país chegar ao cá e não tinham acesso aos médicos e precisavam de modicação, no hábito do acidental, etc., para que fôres podido, algumas ajudas, urgência, né?

20:33

Urgência, urgência. Eles atendem a urgência, apesar da barreira linguística. Eu tive colegas na área da saúde que falavam com as pessoas através dos tradutores. Aqueles primeiros meses foram muito desafiantes.

20:52

ainda assim fez coisas muito boas. Eu dou sempre como referência, eu devem ver outras respostas, mas a Câmara Municipal de Cascais fez de facto um trabalho incrível. Eu reparei nisso nas minhas pesquisas, a Câmara Municipal de Cascais apareceu -me várias vezes e também foi assim que eu depois encontrei os Capacetes Laranjas e por aí fora e depois algumas referências, por exemplo, eu sou da zona de Gaia, Gaia e Porto, também tiveram ali umas respostas interessantes, também criaram ali umas sinergias interessantes, mais uns 5 também.

21:22

Mas não vi assim grandes coisas a acontecer nas minhas pesquisas, não vi. Por isso pronto, agradeço imenso e agradeço estar a tentar realmente arranjar -me agora mais alguns colegas para ter esta pequena conversa.

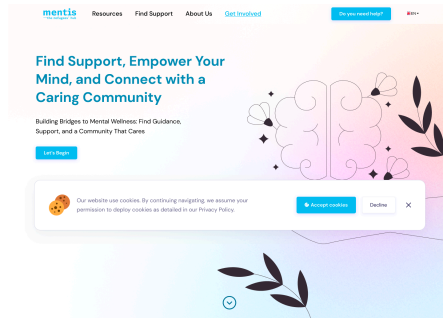
21:37

É a certa, parece -me que são dentro de aqui, vocês podem dar uns contributos interessantes, mas eu depois ponho -vos em contato. Ok, obrigada sim. E pronto, eu depois, quando o seu vir que dá para avançar então para o workshop, eventualmente vou terem a contactá -la e a pedir a sua colaboração nesse passo.

22:00

Muito obrigada, me vou resta de dia. Até a próxima.

# DIGITAL PLATFORM PROPOSAL –VIZUALIZATION EXERCISE



## How does it work?

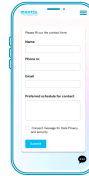
- Answer the assessment questionnaire
- Gain personalized insights into your mental well-being by answering our assessment questionnaire.



- Get Tailored Recommendations
- Discover tailored support and resources that can help you on your journey to improved mental health.



- Start Your Journey to Wellness
- You choose how you prefer to carry on with the process. Which initiative suits you best and if you wish to be contacted or prefer to be the one making the first contact.



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Consent message for Data Privacy and security.

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Name

Phone nr.

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**You'll be contacted soon!**

For more informations about our service go to our homepage.

Homepage



**Together, let's make a difference  
on the lives of the people who  
need it the most!**

Please contact us directly for more informations on how to  
submit your initiative or create a new one!

Contact us

Fill out contact form



## USEFUL LINKS

### ***MENTIS service pitch:***

<https://youtu.be/BeWiJWvMaWU>

### ***Miro Working Board:***

[https://miro.com/app/board/uXjVPRdCle0=?share\\_link\\_id=327166564358](https://miro.com/app/board/uXjVPRdCle0=?share_link_id=327166564358)